The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.

Editor and Business Manager: ETHEL JOHNS, Reg. N., 1411 Crescent Street, Montreal, P.Q.

CONTENTS FOR JULY, 1940

THIS HERITAGE OF FREEDOM -	-	-	-	~	-	-	- 1	- 401
LUMBAR ANAESTHESIA IN OBSTETRICS	S -	7	-	-	-	- R.	J. Frase	1 404
THE USE OF METRAZOL IN SCHIZOPH	RENIA	-	-	-	-	-	L. Fai	ir 410
ECONOMIC SECURITY FOR NURSES	-	-	-	-	-	E. M	. Buckbe	ee 413
BUILDING FOR THE FUTURE -	-	-	-	-	-	-	-	- 415
NURSING SERVICE IN ONTARIO -		-	-	-	-	-	-	- 416
THE R.N.A.O. AND REGISTRIES	-	-	-	1	-	-	-	- 420
OBITUARY	-	-	-	-	-	-	-	- 422
VIRUSES	-	-	-	-	-	D. J.	MacLeo	d 423
NURSING SERVICE, R.C.A.M.C., C.A.	.S.F.	-	-,	-	-	-	= 1	- 425
READER'S GUIDE	-	- 1	-	-	-	+	-	- 435
Notes from the National Office	-	-	-		-	-	-	- 427
PROVINCIAL ANNUAL MEETINGS	-	-	-	-	-	-	2	- 428
STUDENT NURSES PAGE	-	-	-	-	-	- 1	-	- 434
News Notes		_		_	_	_	_	- 436

Subscription Price: \$2.00 per year; foreign and United States of America, \$2.50; 20 cents a copy. Combination with The American Journal of Nursing, \$5.25. Cheques and money orders should be made payable to The Conadian Nurse. When resulting by cheque 15 cents should be added to cover exchange.

Please address all correspondence to: Editor, The Canadian Nurse, 1411 Crescent Street, Montreal, P.Q.

The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.

Editor and Business Manager: ETHEL JOHNS, Reg. N., 1411 Crescent Street, Montreal, P.Q.

CONTENTS FOR JULY, 1940

THIS HERITAGE OF FREEDOM -	-	-	-	~	-	-	- 1	- 401
LUMBAR ANAESTHESIA IN OBSTETRICS	S -	7	-	-	-	- R.	J. Frase	1 404
THE USE OF METRAZOL IN SCHIZOPH	RENIA	-	-	-	-	-	L. Fai	ir 410
ECONOMIC SECURITY FOR NURSES	-	-	-	-	-	E. M	. Buckbe	ee 413
BUILDING FOR THE FUTURE -	-	-	-	-	-	-	-	- 415
NURSING SERVICE IN ONTARIO -		-	-	-	-	-	-	- 416
THE R.N.A.O. AND REGISTRIES	-	-	-	1	-	-	-	- 420
OBITUARY	-	-	-	-	-	-	-	- 422
VIRUSES	-	-	-	-	-	D. J.	MacLeo	d 423
NURSING SERVICE, R.C.A.M.C., C.A.	.S.F.	-	-,	-	-	-	= 1	- 425
READER'S GUIDE	-	- 1	-	-	-	+	-	- 435
Notes from the National Office	-	-	-		-	-	-	- 427
PROVINCIAL ANNUAL MEETINGS	-	-	-	-	-	-	2	- 428
STUDENT NURSES PAGE	-	-	-	-	-	- 1	-	- 434
News Notes		_		_	_	_	_	- 436

Subscription Price: \$2.00 per year; foreign and United States of America, \$2.50; 20 cents a copy. Combination with The American Journal of Nursing, \$5.25. Cheques and money orders should be made payable to The Conadian Nurse. When resulting by cheque 15 cents should be added to cover exchange.

Please address all correspondence to: Editor, The Canadian Nurse, 1411 Crescent Street, Montreal, P.Q.



 BABY: Listen, Mr. Stork, I'm in a tough fix. I suffer from chafing and diaper rash — and no relief. Can't something be done? It makes life very difficult.



• STORK: Simple, my dear baby! Let's squawk — and the nurse will bring some cool, soothing Johnson's Baby Powder. That's right — be firm in your demands. Insist on Johnson's.



• Johnson's Baby Powder is silky-soft. Made from the finest imported talc, it contains no orris root—no gritty particles. And it's BORATED!

Johnson's Baby Powder



POWERFUL BUT SAFE

The wide usefulness of Metaphen as an antiseptic rests largely upon two properties. The drug is relatively non-irritating and non-toxic to human tissue; it is an efficient disinfecting agent.

Tincture Metaphen is offered for pre-operative skin disinfection in major and minor surgery, and for all other uses for which a powerful but relatively non-irritating antiseptic tincture of prolonged action is indicated.

Tincture Metaphen possesses other advantages which recommend it for general use as an antiseptic. It does not coagulate tissue albumins and does not affect surgical instruments or rubber goods. Not the least important among the drug's advantages are its ready availability and the variety of useful forms in which it is supplied. The distinctive orange stain produced by Tincture Metaphen can be washed from skin or linens with soap and water.

Samples supplied on request. Abbott Laboratories Limited, 388 St. Paul Street, West, Montreal.

ABBOTT'S TINCTURE METAPHEN

The

CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-SIX

NUMBER SEVEN

JULY, 1940

This Heritage of Freedom

For us in Canada, the first day of July has a deep significance. The recurring anniversary of Dominion Day marks the birthday of our nation—"the true North, strong and free". Today we know that this heritage of liberty is in grave peril and that we are called upon to defend it with our lives.

In a quiet and orderly fashion, the nurses of Canada are taking the posts assigned to them. Some are already on active service in or near the area of conflict, and others are ready to move forward as needed. There has been, and there will be, no confusion and no publicity. Each nurse knows her allotted work and is prepared to do it. A disciplined group of competent women offers its unstinted devotion to the common cause.

Just what our task may involve is not yet clear, but that it is immeasurably more difficult and dangerous than it was during the last War is already apparent. The appalling speed with which unforeseen and critical military situations succeed one another is ample evidence that initiative, resourcefulness, and flexibility are absolutely essential.

This statement applies not only to military nursing service, but to the nursing care of civilians as well. The evacuation of several thickly populated countries, which is now in progress, will create problems in public health and child welfare that will tax our resources to the limit. The possibility of epidemic disease must also be faced, and plans should be made to grapple with it well in advance.

At first sight, such a prospect might well undermine the courage of the most valiant heart, but we in Canada are near enough to our rough pioneering days to remember that hardship and suffering may serve as a wholesome spur

JULY, 1940

THE CANADIAN NURSE



HIS MAJESTY KING GEORGE VI

Photo by Dorothy Wilding

George R.I.

toward achievement. Good work can be done with simple equipment if it is planned along the right lines and if competent leadership is assured. It is reassuring to remember that in every Province in Canada, as well as in the Dominion as a whole, nurses are so organized as to make their services readily available. To begin with, there are the nursing staffs in our hospitals, large and small. The provincial and municipal public health nursing groups stand ready to serve. The Victorian Order of Nurses, the Metropolitan Nursing Service, the St. Elizabeth Visiting Nurses Association, all offer skilled care in the homes of our people. When the need arises, private duty nurses may be counted upon to assume whatever responsibilities seem indicated in the circumstances.

Before these lines appear in print the Canadian Nurses Association will have held its general meeting in Calgary, and the Provinces will have taken counsel with one another. It is in adversity that the flame of our national spirit burns the brightest, and there will be no wavering or shadow of turning.

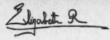
Now, as never before, we of the British Commonwealth of Nations need to hold fast to one another. The sym-

THIS HERITAGE OF FREEDOM



HER MAJESTY OUEEN ELIZABETH

Photo by Dorothy Wilding



bol of our unity is the Crown, and in witness of unshaken loyalty and devotion the President of the Canadian Nurses Association, Grace M. Fairley, has presented to the Association two fine portraits of Their Majesties, which bear their autographs. These have been very beautifully framed and hang side by side in the National Office in Montreal. Unfortunately the accompanying black and white reproductions cannot do full justice to the life-size originals, which are finished in delicate sepia tones,

Through the kind offices of the late Lord Tweedsmuir, and the Canadian JULY, 1940 High Commissioner, the Hon. Vincent Massey, Miss Fairley obtained these photographs during her visit to England last July. Her generosity and thoughtfulness in presenting them to the Canadian Nurses Association will be sincerely appreciated by i's whole membership.

Although we Canadian nurses have distinct and vigorous characteristics of our own, our roots go deep into the rich soil of British tradition. The simplicity, the thoroughness, the devotion of the nurses in the Old Country are a continuing inspiration to us. This is the shining armour with which we may clothe ourselves in the day of battle.

Lumbar Anaesthesia in Obstetrics

R. J. FRASER, M.D.

By lumbar anaesthesia is meant the introduction of an anaesthetic drug within the theca, resulting in anaesthesia. It was used for the first time in obstetrics by Corning of New York in 1885, and from this fact we learn that it is not new. In gynaecology the use of lumbar anaesthesia is well known and appreciated. It is only one step to the field of obstetrics, the two being so closely related that it is hardly possible to understand why this type of anaesthesia is used so infrequently in the latter; yet it is a fact. With special reference to obstetrics, the names of Pitkin, Cosgrove, Hall, Glisson, Pithon, Cheval, Delmas, Dujol and others should be mentioned. If such men as these have found the method desirable in obstetrics, we may be safe in assuming that it should have a definite place in this special field. Our experience covers a twelve-year period of usage of this type of anaesthesia with no complications or fatalities, and we believe it is one of the safest types of anaesthesia employed in vaginal deliveries which terminate either spontaneously or assisted by forceps. To support this statement it would be proper to point out wherein lie the dangers and how to avoid them.

With high lumbar anaesthesia as used in upper abdominal surgery, we are confronted with certain potential dangers which are definitely not encountered in the low anaesthesia necessary and desirable in obstetrics. With high block anaesthesia there is the possibility of a vasomotor collapse or interference with either the cardiac or respiratory mechanisms. These three eventualities are discussed below.

The Vasomotor System: From the

vasomotor centre in the floor of the fourth ventricle a constant stream of vasoconstrictor impulses passes down the spinal cord to emerge from the anterior or motor roots of the spinal nerves, from the level of the first or second thoracic to the second or third lumbar. These impulses supply all the blood vessels of the body. Lumbar anaesthesia acts upon this system from below upwards. Below the third lumbar nerves, there can be no effect upon the blood pressure. There is no fall, therefore, in sacral anaesthesia. As motor block advances to higher levels, more and more of the white rami are blocked, until at the first thoracic segment all have been paralyzed and every blood vessel in the body has lost its tone. A fall in blood pressure, roughly proportional to the number of white rami affected, is inevitable. Since lumbar anaesthesia in normal or vaginal delivery is limited to the sacral roots, we never have a fall in blood pressure; on the other hand, should this type of anaesthesia be employed in abdominal section for delivery, it is important that the blood pressure be recorded and suitable means taken to maintain its level. Interference with cardiac and respiratory functions also plays a part in the fall of blood pressure.

The Cardiac System: Under normal conditions the rate and force of the heart beat is regulated by two opposing nerve influences; one depressing, the other accelerating, cardiac activity. The first of these is represented by the vagi nerves which arise in the midbrain and are distributed to the heart; their function is to slow the beat and lessen its amplitude. The vagi are never blocked by lumbar anaesthesia. The second influ-

ence is represented by three or more cardiac accelerator or aurmentor nerves. Unlike the vagi, these are frequently affected by high lumbar anaesthesia. The reason is that these nerves pass out from the first four or five thoracic segments. Motor block to the fifth thoracic nerves cuts off many of these impulses, and all are cut off when the first thoracic is reached. The resulting interference with cardiac efficiency results in a further fall in blood pressure. Again these opposing nerve influences are not affected in normal or vaginal delivery with the use of lumbar anaesthesia, at the same time they may be affected in abdominal section if the height of anaesthesia is allowed to attain a high level.

The Respiratory System: Intermittent impulses from a bilateral centre in the floor of the fourth ventricle initiate respiration. These impulses flow down the cord to emerge at two levels, thoracic and cervical. The intercostal nerves represent the thoracic outflow; they supply the respiratory muscles of the thorax. The phrenic nerves arise in the neck from the third, fourth and fifth cervical nerves and innervate the diaphragm. The respiratory mechanism when involved by spinal anaesthesia is paralyzed from below upwards. There is no respiratory impairment until the anaesthetic blocks the lowest thoracic nerves. From this point upward there is progressive anaesthesia until at the first thoracic level the entire chest wall is blocked, and respiration is carried on by the diaphragm alone. The patient is dyspnoeic, but still has sufficient respiratory exchange to maintain life. Should the anaesthetic advance, until it blocks the roots of the phrenics, respiration ceases, and life can be sustained only by efficient two-way artificial respiration, which must be continued until the block wears off.

We shall now again sum up these

three dangers in their proper relations to lumbar anaesthesia as practiced in normal or vaginal delivery. If the anaesthetic is properly given; that is proper technique employed, there are absolutely no dangers encountered. This fact cannot be over emphasized. On the other hand if lumbar anaesthesia is employed in abdominal section there is a possibility of some of the dangers being encountered, depending again upon the operator's use of the technique or lack of proper technique. We, in our twelve years experience with this type of anaesthesia in obstetrics (including manipulative, forceps and normal deliveries, also abdominal section) have had no complications or fatalities, and are of the firm opinion that it is one of the safest types of anaesthesia to be employed in vaginal deliveries which either terminate spontaneously or are assisted by forceps.

Now that the danger factors have been stressed, let us consider methods of avoiding them. Of first importance would appear to be the selection of patients. Only those with good cardiac reserve should be considered for mid or upper abdominal work, but myocardial damage is no contraindication in vaginal delivery. On such patients we believe it is associated with less danger than any other form of anaesthesia, and for these cases we use a hyperbaric, or an isobaric solution, with its proper technique. Of second importance would be the selection of the dosage of the drug to be employed; and the rule here is minimum dosage always. The next important consideration would be the control of the level of the drug in the cerebrospinal fluid by any recognized method; of these, three will be mentioned. They are, first, the site of puncture or optimum interspace injection; second, volume control including barbotage; and third, gravity control.

All the solutions for lumbar anaes-

thesia may be divided into three classes; these are hyperbaric or solutions with a specific gravity greater than that of spinal fluid; these have a tendency to flow to the dependent parts of the spinal canal. The second are isobaric solutions which have the same specific gravity as spinal fluid, and are not influenced to any extent by gravitation. The third are hypobaric solutions, with a specific gravity less than that of spinal fluid, and these have a tendency to rise. All technique is based on the above three facts, together with the fact that anaesthetic drugs of the cocaine group have a selective affinity for nerve tissue. It is therefore necessary to know the baricity of the drug in solution, to be able to attain and maintain the desired level of anaesthesia, and at the same time, especially in high anaesthesia as used in abdominal section, to maintain a definite dilution of the drug in order that motor function is not encroached upon to such an extent that metabolic disaster may befall the patient. If this can be done, and it can by proper technique, the result will be a safe lumbar anaesthetic, devoid of danger to the mother or the child.

The methods of using and controlling hyperbaric, isobaric and hypobaric solutions in obstetrical lumbar anaesthesia will be outlined, together with volume control.

The use of hyperbaric solutions is as follows:- the injection may be made either in the sitting or lateral decubitus position; the position after the injection with minimum dosage may be horizontal. When larger doses are used, as in abdominal section, the Fowler position should be employed. An example of this type of solution is novocaine or neocaine crystals dissolved in spinal fluid and reinjected into the subarachnoid space. The dosage in vaginal delivery is 50 to 100 mgs. and for abdominal delivery 100 to 150 mgs. With this type of solution the level of the anaesthesia can be controlled by interspace injection, barbotage or gravity control, or a combination of these. The 50 mg. dose is dissolved in 2 cc's. of spinal fluid, while the 100 to 150 mg, dose is dissolved in 3 cc's. and 4 cc's. of spinal fluid respectively. With the larger dosage the head and shoulders should be elevated on a pillow. The Trendelenburg position is used only to attain the desired level of anaesthesia, then the table should be levelled off or Fowler's position used, depending upon the dosage of the anaesthetic and the level of the anaesthesia that is desired. The safety factors in this technique are the minimum dose of the drug, together with gravity safety control.

The use of an isobaric solution is as follows:- the injection is made either in the sitting or lateral decubitus position; the position after the injection is immaterial, since an isobaric solution is not influenced to any extent by gravity, the height of anaesthesia cannot be changed by posture and the desired level is attained by interspace injection, dose used, or by barbotage. An example of this type of solution is Pontocain, which, when mixed with an equal volume of spinal fluid, is considered to be isobaric. The dosage for vaginal delivery is 8 to 12 mgs. or 1 cc. diluted with an equal volume of spinal fluid. The injection is made between the fourth and fifth lumbar vertebrae.

The use of a hypobaric solution is as follows:- the injection must be made in the lateral decubitus position always. It has been our practice to keep the head slightly lower than the hips when the injection is being done. After the injection, the patient is placed on her back, with the table level. After the desired level of anaesthesia is reached, the use of the Trendelenburg position is employed. Example of this type of anaesthetic solutions are Spinocaine and Anaestesol; the dose for vaginal delivery being one cc. of either solution mixed with one cc. of spinal fluid. For abdominal delivery the dosage is increased and mixed with larger quantities of

spinal fluid.

With volume control another hypobaric solution is used; viz., Nupercaine 1:1500 dilution in buffered saline. This solution must be injected with the patient in the lateral decubitus position and the injection is usually made between the fourth and fifth lumbar vertebrae. without withdrawal of spinal fluid or barbotage. After the injection, the patient remains in that position for five minutes, then in the opposite lateral decubitus position for five minutes before being placed on her back with slight Trendelenburg position for delivery. The dose for vaginal delivery is 6 to 8 cc's. Higher dosage will have to be used for abdominal work; for this, 10 to 12 cc's, will usually be found sufficient

With volume control for those who use novocaine or neocaine crystals, the following technique will be found to be very useful and safe. It is recommended for abdominal section. The puncture is made at the second or third lumbar vertebra with the patient on the side. After the injection, the patient is placed in the dorsal decubitus position with the table level and the patient's head and shoulders raised; or in the intermediate Trendelenburg position. The maximum dose is 150 mgs. of the crystals dissolved in one or two cc's, of spinal fluid and expanded by barbotage always to 8 cc's. This is a safe and rational procedure. Barbotage is performed in order to produce a definite dilution. The safety factors in this technique are the minimum dose together with dilution.

All injection for vaginal delivery will be found satisfactory in the fourth or

fifth lumbar interspace; the injection to be made when the cervix is three-fourths to fully dilated.

There will result complete anaesthesia of the cervix, vagina, vulva, perineum, and anal region, together with good relaxation of these parts. The relaxation is favorable to less tears and fewer episiotomies. Thorough examination of the patient becomes possible and the application of forceps, when necessarv, can be more accurately done. We believe that extraction is accomplished with less shock than with any other type of anaesthesia, due to the fact that impulses are cut off during anaesthesia, and cannot be registered at the higher nerve centres. Uterine contractions are lessened to some extent, but these can be safely controlled by the administration of pituitrin when required. After delivery, the patient is transported back to her room in a position depending upon the baricity of the drug used, or the Trendelenburg position. This position is to be maintained until the effects of the anaesthetic have worn off, then flat for one hour and then any desired position may be used. Fluids may be taken during and after delivery, and meals may be given normally, unless there is some other reason for witholding them.

With the use of this type of anaesthesia in obstetrics I have had no difficulties and no anxieties; in fact the delivery has been made easier both for the patient, the accoucheur and myself. We do not take the blood pressure in normal or forceps delivery. If, however, this type of anaesthesia is used in abdominal section, it is well to carefully supervise the patient; the blood pressure should be recorded frequently during the operation and, if necessary, suitable measures taken to maintain its level. For this, ephedrin and small doses of adrenalin as required will be found useful.

We are of the firm opinion that the

JULY, 1940

best results will be attained for the patient in obstetrics if this type of anaesthesia is employed in certain cases, namely those patients suffering from respiratory infections, both acute and chronic, the toxemias of pregnancy, or those with myocardial damage or diabetes. We use it routinely with primiparae in normal, unassisted or forceps deliveries, and do not hesitate in giving a second lumbar injection if necessary, that is to allow the patient to deliver herself if possible, rather than risk injury by forceps delivery to the mother or baby.

This paper, so far, has had to deal with the patient and the physician in charge; but, important as it is, other details, equally as important, are required of the nurse. It will now be our intention to point out where they are, and can be particularly useful. It will be proper to divide these into three headings; viz., before the delivery, during

delivery, and after delivery. Before the patient arrives at the operating or labor room, the nurse in charge should see that the blood pressure has been taken and that the preliminary medication has been given. This is very important in order that the patient may have little, or no, apprehension of the operating or labor room. Also, the nurse will be of invaluable assistance if she reassures the patient that all will be well. Upon arrival at the operating room, the nurse should also note if hypertensive drugs are ordered and if so, they should then be given. This, of course, is very important, especially in abdominal section. Just prior to the administration of the anaesthetic, it is the nurse's duty to see that the patient is in the proper position for lumbar puncture. This one act alone is of the utmost importance as it makes the puncture either very easy or very difficult. A nurse who can get the patient in the proper position and maintain that position for the physician has

done a very great service both to the patient and the doctor. This one act alone cannot be stressed too strongly.

During the patient's stay in the operating or labor room, a nurse should be in constant attendance. Very often there is little to do, but in any event it is very comforting to the patient, and after all, she is the one most to be considered. The application of cold compresses to the head and moisture to the lips are often very comforting. She should have the patient breathe deeply about every two minutes during the first half hour of anaesthesia. This furnishes information that is very valuable, especially in abdominal section; if there is good respiratory excursion, regardless of the blood pressure reading, motor fibres have not been blocked to such an extent that any metabolic disaster will befall the patient. The nurse is also responsible for the quick execution of a request for any necessary hypertensive or analeptic drugs, such as ephedrin and adrenalin, intravenous glucose, or oxygen, or carbogen. She may at times be required to take the blood pressure and report any fall to the surgeon in charge. We must remember that we are dealing with a conscious patient, and should make her comfortable and reassure her, and, above all, remember to strive to please.

The after-treatment of patients who have been operated upon under lumbar anaesthesia is essentially the same as that for those who have had general anaesthesia except in a few particulars. Care should be exercised in moving the patient from the operating room to her bed to avoid any abrupt changes in position. The patient should be transported back to her room in the last operating room position, level, or in the Trendelenburg posture. When the patient has been taken to her room, the foot of the bed should be elevated about one foot and remain in that position for one hour

after the anaesthesia has worn off. This procedure is necessary with a hypobaric solution. With isobaric or hyperbaric solutions, the bed may be either raised as with hypobaric solution or remain flat. She should be kept warm by the use of hot water bags. These bags should be placed where they will not burn the patient, that is in an unanesthetized region, as, for example, the axillae. A retention enema of two quarts of warm water will be useful as an antishock measure. Water and food may be administered at once if desired by the patient and not contraindicated by the nature of the operation. Soft diet should be ordered for the first postoperative meal. There is no contraindication for the use of coffee or tobacco.

SUMMARY

 Since lumbar anaesthesia has been developed to a point of safety and its technique is based upon anatomical and physiological principles, there appears to be no logical reason for withholding its use in obstetrics.

 With low lumbar anaesthesia as practised in vaginal delivery, there is little, if any, encroachment upon the vasomotor, cardiac or respiratory systems, hence its safety.

3. There is no tendency to increased hemorrhage, and the babies are not affected by its use. There is less asphyxiation with lumbar anaesthesia than with any other type.

4. This type of anaesthesia is very useful in certain pathological conditions, such as respiratory infections, both acute and chronic, the toxemias of pregnancy, myocardial disease and diabetes. We use it routinely in primiparae.

 After twelve years usage, with no complications or fatalities, we believe it is one of the safest types of anaesthesia to be employed in vaginal deliveries which terminate spontaneously or are assisted by forceps.

 We depend a great deal upon the nurse for the well-being and comfort of the patient before, during, and after the delivery or operation.

 A nurse who can put the patient in the proper position for the lumbar puncture and injection of the anaesthetic solution has rendered a major service.

8. She should also supervise the transportation of the patient from the operating room back to her bed in the last operating room position, flat, or in the Trendelenburg position. It is her duty to have the bed in the proper position depending upon the type of solution used.

 After treatment of the patient the nurse's duty is to make her comfortable, restore body fluids and apply heat. Water and food are to be administered as desired by the patient if not contraindicated by the nature of the operation.

10. The nurse must be on the alert to make the patient comfortable, reassure her, and be able to obtain analeptic or restorative drugs on a moment's notice. Above all, we depend upon her technique for the sterility of the armamentarium, which is most important.

REFERENCES

Maxon, L. H.; Spinal Anaesthesia; (Published by J. B. Lippincott, 1938).

Pitkin, G. P.; Personal communication.

Johnstone, R. W.; Personal communication. Parry, J. R.; Personal communication.

Fraser, R. J.; Lumbar Anaesthesia in Obstetrics, Canadian Medical Association Journal, Ps. 368-70, 1939.

Fraser, R. J.; Lumbar Anaesthesia in Obstetrics, University of Western Ontario Medical Journal, January, 1940.

Cosgrove, S. A., and Gleason, W. J.; Spinal anaesthesia with particular reference to its use in obstetrics.

The Use of Metrazol in Schizophrenia

L. FAIR

Schizophrenia means a split, or "shutin," personality in which there is failure to make contact with the realities of life. These patients retract into a state of mental seclusiveness and live in an imaginary world. They constitute approximately fifty per cent of the permanent population of the large mental hospitals.

In the majority of cases, the disorder appears between the ages of sixteen and twenty-five years and may be classified as follows:

Simple deterioration, with symptoms of apparent indifference and loss of interest.

Hebephrenic, which resembles the confusional state of toxic delirium.

Catatonic, which shows a marked loss of interest, negativistic, with increased muscular rigidity. The usual cycle ranges from normal to excitement, to depression, to stupor, to excitement, and finally to normal.

Paranoid, having a delusional trend, beginning with persecutory delusions and finally reaching the end stage of delusions in the form of exaltation.

In 1935, Ladislaus von Meduna, of the Royal Hungarian State Insane Asylum, first considered convulsive therapy for schizophrenia because the favourable effect of a spontaneous convulsion observed in schizophrenics led him to the following hypothesis:

Between schizophrenia and epilepsy there exists a biologic antagonism which manifests itself in the pathophysiological course of both illnesses. Without being able as yet to identify these processes definitely, the assertion is permitted a priori.

Meduna then sought a harmless and reliable method for provoking an epi-

leptic convulsion. He found it in Metrazol or Cardiazol, a circulatory medication of which the point of attack is chiefly the medulla oblongata. By giving a sufficient amount of Metrazol, a convulsion which clinically gives a true picture of a idiopathic epileptic seizure can be effected. Following the seizure, the importance of exerting an influence upon the patient in the psychic field was stressed by Meduna. The psychiatrist attempts to give insight to the patient and to direct him in his "half-awake" confused state.

Metrazol is a crystalline powder, soluble in water, quickly absorbed and eliminated. The composition of this drug is not affected by sterilization, and decomposition only occurs after heating above 250° Centigrade for several hours in an acid solution. Metrazol is purchased through the Ontario Provincial Government, in 25 dram bottles. The ten per cent solution is made by filtering 96 grains of the crystalline powder into a two-ounce bottle with freshly distilled water, stoppered with a rubber stopper, and rendered sterile by autoclaving. This drug is given intravenously in a ten per cent dilution to initiate a convulsion or sei-

At the Ontario Hospital in Whitby, a full-time psychiatrist is responsible for the Metrazol clinic, which is held four mornings a week. The more hopeful type of patient to be treated is the one who has been ill less than six months. The general opinion is that the longer the illness the less likely he is to respond to treatment. At a staff conference the case is diagnosed and the use of Metrazol is discussed. Cata-

tonic and hebephrenic types of schizophrenia respond better to Metrazol than the paranoid type. Permission is obtained from the patient's nearest relatives who are informed of possible complications. A thorough physical examination is given and particular attention is paid to the heart and blood vessels. Extensive laboratory tests are made, and an X-ray of the spinal column is taken to determine whether there may be any deformity or compression fracture of the body of the vertebrae not complained of by the patient previously. As a contra-indication for the treatment we regard the presence of cardiovascular or pulmonary disease, acute or chronic infectious disease, and organic changes in the central nervous system.

A corridor with eight single rooms and an adjoining surgery is used for the clinic. The equipment needed for the administration of Metrazol is assembled in the surgery on trays and includes the following items:

On the sterile trays are several 10 c.c. syringes, filled with ten per cent Metrazol solution. These are arranged on the tray with 21 gauge needles attached, protected with sterile fluffs saturated in 95 per cent pure alcohol. Adrenalin, in a 2 c.c. syringe filled to 15 minims, is also provided so that it may be ready for immediate use if indicated.

On the unsterile side of the tray are placed ethyl chloride and a mask which may be used to terminate the excited period if the patient should become very excited rather than have a normal convulsion. Sodium luminal is also kept on hand for intramuscular use in case status epilepticus develops. Mouth gags are made from absorbent cotton, rolled tightly and bandaged in place; these are about half an inch in diameter and are long enough to extend on either side of the jaw. These are kept in a paper bag with wipes. A container of sterile fluffs in alcohol, a tour-

niquet, and a discard paper bag are also provided.

At noon of the day preceding the treatment the patient is given a mild laxative. Sedatives are usually contraindicated, although in some cases it may be necessary to administer them. No breakfast is given on the morning of the treatment as there is danger of asphyxiation when the patient lapses in unconsciousness if the stomach is full and food is regurgitated.

The bed is made as an ordinary bed, except that the head is where the foot of the mattress should be. The spring of the bed is limited by placing a flat board two feet wide on the frame of the bed. The patient is put to bed in a nightgown with no restriction about the neck and arms. She is placed in the dorsal position with special attention to the spinethat it is absolutely straight and the hips are parallel. The legs should be straight and close together; the arms straight and close to the sides. The head should be straight in line with the rest of the body. A rubber-covered pillow is placed under the small of the back to prevent compression fracture of the spinal vertebrae.

A nurse stands at the head of the patient, with mouth wipes and the mouth gag in readiness. Four other nurses are required. A nurse stands at each shoulder, to make pressure downward and inward on the shoulder joint, so as to prevent dislocation and control the upper part of the body, thus preventing compression fracture of the thoracic vertebrae. Each nurse places the palm of one hand firmly on the head of the shoulder, and the other on the wrist; this grip allows slight movement at the wrist within a range of six to eight inches. The other two nurses make pressure downward and inward on the hip joints with the free hand controlling the leg and allowing movement within a range of about eight to twelve inches.

The technique of administration is very simple and consists in a rapid intravenous injection of ten percent Metrazol solution; 4 c.c. is the usual starting dose for female patients, and 5 c.c. for male patients. The rapidity of the injection is of extreme importance in the provocation of a convulsion and the optimum results are obtained by injecting 1 c.c. in one second. Apparently the determining factor is the momentary concentration in the blood, not the absolute amount of the drug. In cases in which we succeed in provoking a convulsion, the same dose is used at each following treatment until the patient fails to have a seizure. In cases of failure to provoke a convulsion, a repeated dose, increased by 1 c.c., is given after waiting one and a half to two minutes.

Concerning the motor pattern of the metrazol paroxysm very valuable clinical observations were made. The slightest reaction to the injection is an aura, which may be the only manifestation or the forerunner of the convulsive phase. The aura is dominated by subjective symptoms of a sensory nature. Some patients describe their sensations as being unable to think, or complain of some kind of "funny feeling" in their head. Others see sparks or stars before their eyes, or have a floating feeling. The major convulsion is usually preceded by a short cough, at which time the patient may become fearful of being choked. In from three to ten seconds the eyes become fixed, or there may be a flicker of the eyelids at which time the patient may yawn; the nurse at the head of the patient then places the mouth gag between the patient's teeth and closes the jaws firmly in position to prevent dislocation of the jaw. Following the yawn, there is a clonic convulsion,

first apparent in the facial expression and spreading rapidly over the entire body. This lasts from three to ten seconds, followed by a tonic phase with a duration of five to thirty seconds, followed by a clonic phase. The whole seizure lasts from thirty to seventy seconds. Shortly before the end of the seizure the patient shows marked cyanosis and there is a short period of apnoea during which her condition appears to be critical, but this is soon followed by a deep inspiration and then by stertorous breathing. After the seizure she either falls asleep or shows a confusional state of variable duration. Patients remain in bed for at least two hours and are very closely watched for any complication that may arise.

The psycho-therapeutic factor, during and after the Metrazol treatment, plays an important role. Two hours after the treatment, and at arranged hours on non-treatment days, a physician who has specialized in psychiatry visits each patient and practices psycho-therapy extensively by instituting encouragement, explanation, and ventilation of the patient's difficulties. Re-education is carried on by constructive criticism of the patient's behaviour.

We aim to keep the patient interested in useful arts and in his or her environment. We have many recreational facilities, such as occupational therapy, bowling alleys, billiards, badminton courts, golf and tennis in the summer, as well as all types of games such as baseball. Group psychotherapy is also practiced; each Wednesday morning a half-hour is devoted to a sing-song, and about five minutes is given to a "pep" talk on how to get well given by one of the staff physicians. It is frequently striking to observe how the patients gain more and more insight into their condition and how they begin to show more interest in their surroundings. They realize that the treatment is of benefit to them and appreciate the efforts of the physician.

A definite programme is mapped out for each group. The patients chosen for Metrazol treatment are segregated, the female patients in one cottage, and the male patients in another. A male nurse has full responsibility for the men. Each morning they are taken for a walk when the routine work is finished, and every afternoon they are taken to the recreational building where they bowl, play billiards and take part in other forms of activity. The female patients also have a definite programme, which includes

walks, learning to weave, knit, and make flowers. The beauty parlour seems to make them take an interest in their personal appearance and helps in the improvement of their mental health.

Although we are not yet able to report very representative figures concerning the results of the treatment, we are convinced of its effectiveness. It is simple, inexpensive, and relatively without danger. By further intensive clinical and experimental work much light will be thrown not only on this treatment but inevitably on the structure of schizophrenia, thus contributing to a greater knowledge of the entire problem.

Economic Security for Nurses

E. M. BUCKBEE

Although the following report is submitted by the Committee on Economic Security of the Registered Nurses Association of Ontario, it was actually prepared by a study group in Hamilton and therefore cannot be said to be representative of the nurses of the Province as a whole. Other groups within our Association may have been exploring this subject as a result of their own interest, and if this is true, we would be glad to receive the benefit of their advice.

In 1939, the report given by this Committee at the provincial annual meeting included the following findings:

Nurses in government employment are protected by contributory state insurance.

Nurses working for industrial companies are usually protected through a contributory company insurance plan.

Public health nurses in the larger civic centres have been included in preliminary surveys with reference to insurance plans for civic bodies, but to our knowledge none of these have yet materialized.

One large organization has protection for its staff and field nurses in the form of a contributory annuity plan.

That there is little likelihood of provision for private duty nurses, as it is impossible to get reputable companies to enter into group contracts with organizations which are made up of individuals who have not regular employers. The reason given is, that from past experience, they have proved too costly to undertake.

That in the opinion of this Committee, it would be unwise for a nursing group to initiate an insurance plan of their own if insurance companies (who are obviously in the business to make money) do not consider it a safe project. In the first place, it would require a large foundation fund, and in the second place, we would have to face the uncertainty of employment in the large group of private duty nurses.

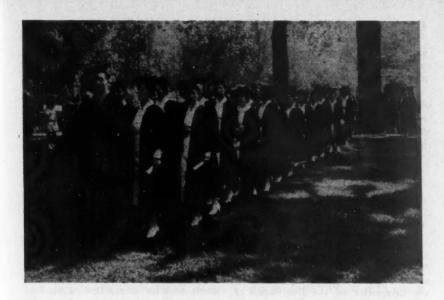
Another interesting finding was that Canadian nurses are eligible for annuities and benefits under the Harmon Foundation Fund at the same rates as American nurses. This is, of course, now qualified by fluctuating rates of exchange and upon the advice of the manager of one of the largest insurance companies operating on both sides of the international boundary, we made a comparison of the rates and found that the Harmon Foundation rates were 28 percent higher than our own Canadian Government Annuity rates. These are most elastic, and are suited to individual needs. The chief objection raised was that if cash was needed, it would not be available. This is partially answered by the fact that an individual may stop her payments at any time and, in the event of need, begin her annuity at any age. Also, the fact that making a deposit on a government annuity protects the individual from an advance in rate, is valuable information.

In the event of death before the annuity begins, the money deposited (plus interest at 4 percent) is paid to the estate, and for an additional amount, the annuity is guaranteed over a period of years to the estate. We have reason to believe that since our last annual meeting, there has been a marked increase of interest in this particular form of investment. The superintendent of the Annuities Branch at Ottawa informs us that 130 members of the nursing profession have this year taken advantage of the Government Annuities system. Any nurse who has dependents will also wish to have the protection which a satisfactory life insurance in any of the larger companies affords, as well as a sick benefit if she is not already protected against periods of ill health. This may be secured as an addition to an insurance policy and a waiver clause, allowing the discontinuance of payments when necessary through illness at a comparatively low increased rate, is particularly helpful. Some of the larger schools of nursing have sickness benefit provisions.

It would appear that in order to suit all situations, many of us should not put all our eggs in one basket, even if it is considered a safe one. Each nurse should make it her business to study investments and consult with neutral authorities who can advise according to her needs. We strongly advise having speakers on investments at our District meetings, preferably a broad-minded bank manager, or the manager of one of the larger trust companies, as men of wide experience and with no particular axe to grind.

Nurses recently graduated have frequently complained that they are beset by insurance agents. This might prove to be a calamity if the nurse has not had previous knowledge of investments and of fitting her needs to the different types of insurance - protective, sick benefit, pensions and annuities. To overcome this, we advise that time be given during the final year, to a study of investments. We have recently read some entertaining and instructive booklets which, in a palatable form, instil in the readers the principles of sound personal financing. We refer to the "Babylon Course in Financial Success" by George S. Clason, sponsored by the Institution of Financial Education of Toronto, and printed by the Ryerson Press. This study, to which should be added a talk by a well informed financial expert, should go a long way toward equipping a nurse before she becomes a prey to unprofitable investment schemes.

We suggest that before the next annual meeting of the Registered Nurses Association of Ontario a check-up be made by the chairmen of District Associations in order to find out what progress has been made along the lines given above. Finally, we are still of the opinion that under existing circumstances, the different types of savings for nurses are best procured on an individual basis.



Building for the Future

University Schools of Nursing in Canada came into being as an indirect result of the first Great War. It is significant at this time to recall that Miss Grace Fairley, now president of the Canadian Nurses Association, with Miss Mabel Hersey, initiated the discussion as to possibilities of establishing a school at McGill University in the spring of 1918. It was not until the summer of 1920, however, that the plan took concrete form. Since that day, four hundred and sixty-seven nurses have graduated from the School.

In the shadow of a greater war, the twentieth graduating class of the School for Graduate Nurses received certificates at the recent University Convocation. Representatives from seven of the nine Provinces made up this year's class of thirty-two students: three received certificates in Administration in Hospitals and Schools of Nursing; nine

in Teaching and Supervision; twenty in Public Health Nursing. Very shortly these most recent graduates will be found in posts as far apart as Burnaby on the Pacific Coast and Cartwright in Labrador.

Twenty years have brought many changes in the programme of the School, but the purpose remains the same, namely, "to meet the need for specialized training for nurses taking up public health work or holding teaching and administrative positions in hospitals and schools of nursing." It is impossible to foresee the demands which may be made upon the nurses of this country before victory is won. One fact is very clear, and that is the importance of maintaining an adequate supply of carefully selected, well qualified, straight thinking and courageous women for nursing service at home or abroad. The nurses of Canada are ready and waiting

JULY, 1940

to serve their country wherever and whenever they may be called upon to

In order to face the days ahead with confidence, provision must be made to ensure a continuing supply of trained minds and hands as well as courageous hearts to safeguard and promote the future of nursing. Canada must see to it that in meeting emergency needs, nothing is permitted to interfere with the contribution the University School of Nursing can and must make in preparing nurses to lessen the devastating effects of war and to play their part in the reconstruction which must follow.

Nursing Service in Ontario

At the annual meeting of the Regis- in a city of approximately 75,000 poputered Nurses Association of Ontario a most valuable report was presented by the Committee on the Distribution of Nursing Service. This committee was set up by the board of directors, following the annual meeting of the R.N.A.O. in 1934. It was known as the committee to enquire into the extent and adequacy of nursing service available to the nonhospitalized sick in Ontario, and came into being at the instigation of District 5, under the chairmanship of Miss Dorothy Mickleborough. The present convener is Miss Edna Moore, and the other nurse members of the committee are Misses Constance Brewster, Isabel MacIntosh, Marjorie Buck, and Matilda Fitzgerald. Miss Nell Wark represented the field of social work; Mrs. W. F. B. Parsons represented the Women's Institutes of Ontario; Dr. Ward Woolner represented the Ontario Medical Association.

In 1935, a survey was carried out, by the questionnaire method, in all of the nine Districts and was reported upon at the annual meeting in 1937. In 1938, the committee reported on the details of a second survey in Districts 5, 8, and 9, and asked for approval of the suggestion that a third survey be conducted lation. In the 1939 report, a further request was made for permission to meet jointly with the Committee on the formation and reorganization of Registries.

Agreement was reached that a survey should be undertaken and methods of procedure were outlined. The city of London presented most of the factors desired and it was decided to approach District 1, R.N.A.O., and the London Academy of Medicine, to enquire if they were willing to co-operate. The officers of District 1 approved the plan, and a committee was organized in London under the chairmanship of Miss Mildred Walker. The date was set, and the questionnaire and a covering letter prepared. The London nurses supported the effort whole-heartedly, and the members of the Academy of Medicine co-operated so well that, before the end of 1939, the completed questionnaires. were in the hands of the committee.

One hundred and twenty-four questionnaires were sent to physicians whose names appeared on the Academy roster. A number of names on the list were of physicians who had entered military service and therefore were no longer in practice; a few had recently moved from the city. Of the seventy-six questionnaires which were returned 46 were completed; 11 carried comments only; 12 bore signatures only; 6 bore explanations that the physicians were engaged in office practice only; and I declined to give information.

The earlier surveys had drawn attention to the lack of professional nursing care among those stated to be in need of it. Such observations were based, first, upon those cases specifically stated by the physician to be needing, and not receiving, the care of a trained nurse; second, upon the significant number of patients suffering from pneumonia or acute communicable diseases in which it was stated that professional nursing care was not needed. In this connection it much be remembered that all three surveys were in the nature of a census of the situation on a given day. It is, therefore, evident that the patients included in it would be in various stages of acute illness or recovery at the time the record was compiled. Consequently (and this is one of the significant limitations of this type of survey) maternity, pneumonia and other cases might, on a given day, be in such a stage of recovery or convalescence that they might reasonably be stated to be not needing professional nursing care.

The situation with respect to nursing care in current cases of illness (exclusive of hospitalized cases) was shown to be as follows:

Total cases reported upon: 576

Number said to be not needing professional nursing care 459

Number said to be in need of professional nursing care 117

These figures must be considered in the light of the general comment, and accepted as reasonable in view of the limitations of the survey. It is also evident that, without detailed case analysis, dogmatic statements cannot be attempted.

Out of 46 reports, in which the statistical material was acceptable for analysis, it was found that 117 patients in a total of 576 (roughly 20 percent) were stated to be in need of professional nursing care. Of these, 54 (approximately 46 percent) were receiving it at the time of the survey, and 63 (approximately 54 percent) were not. The replies to the questionnaires showed that of the 54 cases receiving professional nursing care, 34 had professional nurses in the home; 8 were receiving hourly nursing service; and 12 were receiving visiting nurse service.

In the opinion of the physician, the chief reason professional nursing care was not used, although needed, was lack of sufficient funds (49 out of 51 cases). The care such patients received was apparently such as could be given by the family or neighbours, although a significant number of practical nurses were being employed. Attention is directed to the statements of physicians in enlarging upon this finding. Of 381 patients in this group, it was stated that no nursing care was needed by 199. In the remaining cases, such care as was being received was given by the family of 145 cases, and by practical nurses in 25. The returns also indicated that there were 42 patients for whom professional nursing care was not needed, but for whom the type of care being given might be modified to advantage. For instance, 42 patients were being cared for by members of the family and, for 41 of these the services of practical nurses were stated to be preferable.

Under the section of the questionnaire devoted to comments, the doctors were asked four questions. The first was: "Were the practical nurses secured from the Central Registry, and, if not, how were they secured?" Six replies indicated that physicians had obtained the services of practical nurses through the

JULY, 1940

Central Registry. Twenty-one replies showed that these services had been obtained as follows: 11 by the family; 8 from the physician's own list; 1 from a neighbour; 1 from a drug store.

The second question was: "Is the present system of securing practical nurses from the Central Registry satisfactory"? Thirty-five replied in the affirmative, adding the following comment: "There are not enough of them and more are needed". Four physicians said that they did not use the services of practical nurses. Two did not know that this service was available, and one said, "I am glad to hear that practical nurses may be secured from the Central Registry. How do you grade them?"

The third question was: "What preparation do you consider necessary for the so-called practical nurse"? The

replies were as follows:

Practical woman with special preparation; a little knowledge is a dangerous thing.

Any woman with a high intelligence quotient can serve as a good practical nurse. If special knowledge is required, then a trained nurse is necessary.

Good general education, health, unemotional, well trained in household duties.

Would include male practical nurses.

Four physicians suggested that a home nursing course should be given. Nursing practice, under the supervision of a professional nurse or a physician, was suggested by three. It was also proposed that practical nurses should be given a course of lectures and practical training in the care of a bed patient; recording of temperature, pulse, respiration; the giving of enemata; the administration of hypodermic medication; serving palatable meals.

If a certificate were held to be necessary before securing a license, a supervised training for two months was suggested by five physicians; a six-months general course in a hospital by two physi-

cians; a one-year general course in a hospital by four physicians; six months to one year general course in hospital by one physician; one or two years general course in hospital by one physician. A full training course in a small hospital, with a lower grading than standard hospital qualifications, was also put forward.

The fourth question was: "Can you suggest any extension or modifications of the Central Registry plan for the improvement of service, in order to more adequately meet the community nursing needs?" Four physicians gave an unqualified statement of satisfaction; two stated that they had no suggestions to make; one physician said: "Quite satisfactory, with the exception of the difficulty in procuring nurses over the holiday seasons—especially Christmas and New Year". Another said: "I believe the practical nurse fills a useful place in the private home where finances are a vital question". The suggestion was also made that visiting nursing associations should be subsidized to permit of much larger staffs, thereby reducing the necessity for using practical nurses. The need for male nurses was mentioned, and also the desirability of having nurses listed according to their special preparation and qualifications.

The eight-hour day was referred to by the majority of those replying to the questionnaires and the following points

were stressed:

The cost is excessive. One physician said that 95 percent of his practice could not afford professional nursing care on the eighthour basis; another set the figure at 90 percent.

Patients are disturbed by the frequent change of nurses. The nurse is anxious to earn her fee and does unnecessary things for the patient, not allowing him to have sufficient rest

Nurses on the night period should make fuller notes on the care given and their

observation of the condition of the patient, as the physician rarely sees them for conference.

It should be left to the discretion of the attending physician and the nurse as to whether eight or twelve-hour duty is desirable for any patient. One physician said: "By no means do I support the twelve-hour day for student nurses nor for graduate nurses, but the shorter hours could mean work for more nurses if fees were scaled down in proportion".

It is noted that no reference was made to the needs of the nurse as an individual, nor how these are met by the eight-hour day.

In considering the findings of the committee, attention is drawn to the fact that there are four central registries in Ontario; these are situated in Hamilton, London, Ottawa, and Toronto. The first survey was carried on throughout the Province with the exception of these four cities; the second survey included Districts 5, 8, and 9, with the exception of the cities of Ottawa and Toronto. The third survey applies only to the city of London, where a Central Registry operates.

In other words the findings of the first and second surveys apply to areas of the Province not served directly by a central registry, while the findings of the third survey apply to a city which is served by a central registry. In the first and second surveys, replies came from physicians practising in remote areas and in rural communities in southern Ontario. Medical officers of health in some of the smaller municipalities suggested that public health nursing service might include bedside care on a visit basis. Others recommended the extension of the scope of visiting nursing organizations.

The question of the subsidiary worker arose in all three surveys, and in this connection attention is drawn to the edi-

torial pages of the February, 1940, issue of The Canadian Nurse, and also to the article entitled "The auxiliary worker in the care of the sick", by Miss Effie Taylor, which appears in the same number. In New Zealand, the organized nursing profession has studied this question and has seen the results of their efforts embodied in legislation which places responsibility for the training and direction of the subsidiary worker in the hands of the professional group. In the State of New York, a survey revealed that there were some 42,000 unclassified nurses practising, many with little or no preparation. A legislative program resulted in the passing of an Act providing for the licensure and control of all who nurse the sick for hire, either as registered professional nurses or as practical nurses. This law further provides that subsidiary workers directly concerned with the care of patients, and not already qualified for the practical nurses license or without previous training or experience, must in future have a course of training approved by the Department of Education, and be able to pass a State Board examination.

It is known, from the federal census of 1931, that there were at that time in Ontario 2,250 women of all ages, engaged in practical nursing. Further information will be revealed by the census which will be completed in 1941.

In presenting the report of the Committee, Miss Edna Moore expressed deep appreciation of the support and encouragement so freely given by the Registered Nurses Association of Ontario. She also spoke of the valuable co-operation of the Ontario Medical Association, and of the physicians throughout the Province without whose help the three surveys could not have been made. Special thanks were tendered to Dr. A. Hardisty Sellers, medical statistician of the Ontario Department

JULY, 1940

of Health. The contributions made by Dr. Ward Woolner, Miss Nell Wark, and Mrs. W. F. B. Parsons were gratefully acknowledged.

Thanks to the excellent work of the Committee on the Distribution of Nursing Service, the Registered Nurses Association of Ontario has acquired a considerable body of authoritative information for use in whatever way may be indicated. Nor is the usefulness of this report confined to Ontario—it may be studied to advantage in every province in Canada.

The R.N.A.O. and Registries

No one who attended the annual meeting of the Registered Nurses Association of Ontario is likely to forget the masterly report presented by Miss Marjorie Buck, on behalf of the committee on the formation and re-organization of registries. This project was carried on by means of three co-ordinated subcommittees.

The first of these committees, under the convenership of Miss Madalene Baker, outlined the guiding principles which should govern the organization, administration and finance of a Community Nursing Registry; the second, under the convenership of Miss Marjorie Buck, drew up a tentative constitution and by-laws for such a Registry, together with the necessary rules and regulations; the third sub-committee, under the convenership of Miss Jean L. Church, presented a comprehensive system of records. The committee, as a whole, was in close touch with the committee on the distribution of nursing service, working under the convenership of Miss Edna Moore. This active cooperation accounts, in a large measure, for the remarkable success achieved by both groups.

In outlining the fundamental principles, the Committee defined a Com-

munity Nursing Registry as a placement service, established for the purpose of meeting the community's every need for nursing service. Such a Registry would serve as a clearing house for all nursing interests, and would strive to maintain a high standard of professional work and ethical conduct. It would help to promote a measure of economic security for the registrants, and to bridge the gap between the patient who needs nursing service and the nurse who is prepared to render it.

Direction and Control: The standards suggested by the Committee are based upon the premise that certain fundamentals in physical equipment, organization, administration, and objectives are common to all nurses' professional registries, whatever their type of organization, their size, or their scope.

The Committee recommends that the direction and control of the Registry shall be vested in a thoroughly representative Board of Directors. The office of the Registry should be conveniently located and suitably equipped. If housed in a local hospital, a definite business arrangement should be made. The Registry should not be conducted in a private home.

Finance: The Committee suggests that

possible sources of income for the maintenance of the Registry include:

Initial and annual registration fees from registrants.

A stipulated monthly sum from Visiting Nursing organizations for servicing their night and holiday calls or, if there is only one visiting nurse in the community, all their calls.

Annual fees from physicians who wish the Registry to take their calls if no answer is received from their office or home telephones.

Grants from local medical and nursing organizations.

Grants from Community Chest funds, and insurance companies.

Grants from provincial and municipal governments.

Funds raised by voluntary group effort. Various co-operative insurance plans.

Publicity: A continuing publicity program should be consistently carried on for the information of the public. Well qualified speakers should address the medical and nursing groups. Personal contact should be maintained with hospital authorities. Every effort should be made to interest service clubs and other welfare organizations. Appropriate articles should be prepared for The Canadian Nurse and other professional journals, as well as for the local press. Circulars should be distributed to industrial plants, stores, and other groups.

Membership: The members of the Registry shall consist of (1) graduate nurses (male and female) holding registration certificates from the Province of Ontario for the current year, and who agree to comply with the rules and regulations of the Registry; (2) subsidiary and auxiliary workers such as practical nurses, orderlies, and housekeepers (the same to be certified when such certification or registration be enacted) and who

agree to comply with the rules and regulations of the Registry. Membership fees shall be regulated by the Board of Directors.

Administration: The Board of Directors shall be made up of representatives of the various groups listed below, provided that the membership, other than nurses, shall not exceed one-third of the total personnel: local nursing organizations; local superintendents of nurses; local superintendents of hospitals; visiting public health nursing associations; nurses; local medical organizations; men and women representative of community interests; all registrant groups; Community Chest, Welfare Board or any organized social agency; district association of the Registered Nurses Association of Ontario.

Registrar: The Registrar, and such assistants as may be needed to maintain a twenty-four hour service, shall be appointed by the board of directors and shall be well-qualified graduate nurses. Their salaries, hours of duty, arrangements for relief and holidays shall be as stipulated by the board of directors. The Registrar shall accept all applications for membership and present them to the Credential Committee appointed by the Board of Directors. She shall keep a record of all the members of the Registry, their addresses and telephone numbers, and shall notify the members of all meetings. She shall, under the advice and direction of the board, administer the office details of the Registry including the maintenance of the record system.

Rules and Regulations: The Committee has drawn up rules and regulations which set forth the terms of agreement between the Registry and the registrant. Among these are the following: The registrant receiving placement service must meet definite requirements and will be expected to co-operate by promoting the aims and purposes of the Registry.

The Board of Directors has the authority to cancel the membership of a registrant, if in the opinion of the Board such action is necessary in the best interests of the Registry.

The registrant is privileged to bring to the attention of the Board of Directors, through the proper channels, any matter which she believes is not in the best interests of the registrant and of the Registry.

A registrant, when registering for duty, will have her name placed at the end of the call list, but she must be ready to respond to a call. The Registrar will send out the first registrant on the call list who is slated for the class of work to which the call refers, except when a "special" request has been received.

After a registrant has placed her name on call, if illness or any other unavoidable cause prevents her responding to a call, she must notify the Registrar at once, in which instance her name will be kept in its proper rank for a period of forty-eight hours; neither does she lose her rank for a case lasting the same period of time. She may also be allowed to bracket for three days.

The Registry is privileged to reserve a sufficient number of registrants to meet the need for Sundays and holidays.

A registrant must be prepared to take all cases for which she is fitted during her first three years on the Registry, after which time she may state her preferences in a written request to the Board.

Records: A comprehensive series of records constitutes a most valuable part of the report. For graduate registrants, there is an application form which gives a complete picture of the applicant's professional qualifications, and also a general idea of her personality and mental attitudes. The letter of enquiry, addressed by the Registry to the applicant's superintendent of nurses, includes a number of headings under which a critical appraisal may be made. The record card, for use on the call board, summarizes information which will enable the registrar to make a wise choice in assignments.

The application form to be used by auxiliary workers contains enquiries concerning the candidate's experience in household management as well as her experience in nursing patients. An excellent introduction card, to be given to the patient by the auxiliary worker, is also provided. This card plainly indicates the status of the worker and the amount of the fee which may be charged. It is also made clear that a graduate nurse, representing the Registry, is available for advice if her counsel is desired either by the patient or the attendant.

Obituary

MARGARET ELIZABETH DUNCAN CURRIE, beloved wife of Mr. T. D. Currie, died on April 18, 1940. Mrs. Currie was a member of the first class to graduate from the School of Nursing of the Wellesley Hospital, Toronto. Immediately after her graduation in 1915, she served for two years with Number 16, C.A.M.C. Hospital in Orpington, England, and subsequently as a member of the staff of the Davisville Military Hospital in Toronto.

Viruses

D. J. MACLEOD

Although certain important virus diseases were known many years ago, it was not until 1892 that a Russian botanist, Iwanowski appreciated something of the real nature of these infectious maladies. This scientist found that when the juice from a tobacco plant which showed a curious mottling of the leaves was rubbed into a healthy plant similar symptoms promptly developed in the plant so infected, thus establishing that the infectious agent was in the sap. Iwanowski also discovered that when the juice of an infected tobacco plant was passed through a fine porcelain filter that ordinarily excludes bacteria, it maintained its infectious properties, establishing that the active principle was something smaller than bacteria.

Curiously enough, Iwanowski failed to grasp the significance of these striking results and concluded that the disease was still bacterial in nature, the reaction being due to toxin. It remained, therefore, for a Dutch botanist, Beijerinck, six years later to appreciate the true significance of these findings and to prove that the infectious agent was not a bacterial toxin but something much smaller than ordinary bacteria which he called a contagium vivum fluidum, "a contagious living fluid", thus establishing the existence of a new group of disease-producing agents, differing from bacteria, which are now called viruses. This discovery was soon followed by the finding of the first virus disease of animals, the foot-and-mouth disease of cattle. Later the virus origin of smallpox, infantile paralysis, fever blister, fowlpox, hog cholera, dog distemper and various destructive diseases of plants and insects was established.

It is gratifying to realize that virus diseases, such as smallpox and yellow fever, which caused much human suffering are now under control. Unfortunately, however, a number of virus diseases such as infantile paralysis and encephalitis continue to take their toll, while such diseases as hog cholera and horse encephalitis, also of virus origin, still cause the death of many animals on this continent, and thousands of animals die in Europe annually from the foot-and-mouth disease. Virus diseases of plants are also responsible for serious annual crop losses, amounting to millions of dollars. The economic importance of the virus diseases of plants therefore. furnishes a continuous stimulus for a study of their nature and control. It may be of interest to refer briefly to some recent advances made in the study of the nature of these disease-producing agencies.

Filtrability was considered at first almost an infallible means of distinguishing between bacteria and viruses. No great exception was taken to this conception until some certain accepted living organisms were discovered that were smaller than the vaccinia virus, the socalled influenza organism, for instance. Later, as the methods for determining the size of small particles were improved, it became obvious that certain viruses (such as those of infantile paralysis and the foot-and-mouth disease of cattle) were not only smaller than bacteria but actually less in size than certain protein molecules. Since there is therefore, no justification for separating bacteria and viruses on the basis of their filtrability, these groups are now distinguished by other characteristic properties, by means of a combination of which it is now possible to definitely recognize and isolate some of the important viruses.

The most important property of a virus is its capability of multiplication or reproduction which process, however, occurs only within the living cells of susceptible hosts. Although certain viruses may survive outside the living cell, they neither multiply nor cause disease when so maintained, or in the presence of dead cells or of cell-free extracts of living cells. It is also significant that, during multiplication, most of the virus produced is similar to that with which the host was originally inoculated, thus resulting in an almost constant production of the specific virus and usually giving rise to a definite set of disease symptoms. Sometimes, however, there is also produced a minimum of virus that differs slightly from that originally introduced. This is interpreted as being a mutation whereby a new strain of the virus is created.

Of considerable practical importance and interest is the fact that some strains of plant viruses are so mild in their effect on the host plant that they may produce no visible symptoms, yet may protect the plant so involved against invasion by a more virulent strain of the same virus. A similar situation obtains in the case of viruses affecting man and domestic animals, although the mechanics of the immunity created may be somewhat different. This principle has been used for years to vaccinate and protect human beings against the more severe strains of the smallpox virus, and recently there has been developed a new strain of yellow fever virus which is used to protect against the more virulent strain that has caused such a great loss of life in the tropics. Another interesting feature of viruses is that certain of them produce inclusion bodies within the infected cells which may be used as a

means of recognition. Certain plant viruses may be identified in this way and the use of this characteristic for the detection of rabies in the brain is well known. It will be thus recognized that some of the properties by which viruses are characterized, such as reproduction, mutation and specificity of action and infectiousness have been regarded for years as characteristic of living organisms. This explains the reasons why earlier investigators had a general tendency to regard viruses as submicroscopic living organisms.

Among the viruses that have probably been subjected to the most extensive investigation in the past are vaccinia, rabies, and the tobacco mosaic virus. The latter of these was selected for critical investigation on account of having certain suitable properties, such as being intermediate in size, which rendered it a convenient and excellent type for study. Many investigators devoted their attention to this virus, and in 1935 Dr. W. M. Stanley, a chemist at the Rockefeller Institute at Princeton, New Jersey, established for the first time the protein nature of the virus and was able to isolate the same in a crystalline form. This was soon followed by the isolation in crystalline form of other plant viruses such as the ring spot of tobacco and one causing a disease known as "bushy stunt" in the tomato.

None of the animal virus proteins have been isolated in crystalline form but there is strong evidence of the protein nature of such viruses as that of vaccinia, foot-and-mouth disease and Rous sarcoma. Some very interesting chemical studies have been made of these proteins and the reaction of a number of substances, including many disinfectants, have been determined. It was found that certain of these substances changed the virus protein to such an extent that other proteins were produced

which though having physical, chemical and serological properties, either identical or very similar to those of the active protein were quite incapable of producing disease. This may serve as a useful aid in arriving at a control for some of these viruses.

It is of great significance that viruses are extraordinary proteins, of a size in some cases less than that of certain molecules which when introduced into the living cells of animals and plants may direct the metabolism of the invaded cells in such a manner that they cease to function normally, thus producing reactions that may be termed as disease. It is also remarkable that this protein is capable of reproducing itself during the process of causing disease, simulating the behaviour of a living organism.

Biologists have always adhered strongly to the cell theory of life, and to the conception that a tremendous amount of organization is necessary for its support. The idea that a single unit, molecular in size may possess sufficient organization to endow it with life-like properties under certain conditions offers a new outlook which should be approached with caution but given due consideration. Viruses, therefore, have given rise to a new research that started with the study of a plant disease and continued with problems of interest not only to the bacteriologist and pathologist, but also the chemist, the physicist, the crystallographer and the biologist. This research now appears to be culminating in a problem of general interest to all scientiststhe riddle of life itself.

Nursing Service, R.C.A.M.C., C.A.S.F.

The Canada Gazette announces the appointment of Emma Florence Pense, R.R.C., as Matron-in-Chief (in England) of the military nursing service, R.C.A.M.C., C.A.S.F. Since July 1920 Miss Pense has been a member of the permanent nursing staff of the R.C.A.M.C., and at the outbreak of the present war held the position of Matron in the military Hospital at Kingston, Ontario.

From 1914 to 1919, during the first Great War, Miss Pense rendered valuable service in France, Belgium and England, first as a Nursing Sister, and later as Assistant Matron, and Assistant to the Principal Matron, in France. In recognition of her fine achievement, Miss Pense received the following decorations: Royal Red Cross; the



Photo by Blank & Stoller, Ltd.

1914 ("Mons") Star; the King George V Jubilee Medal; the Coronation Medal.

Miss Pense was born in Kingston, and educated at the Kingston Ladies College. She is a graduate of the School of Nursing of St. Luke's Hospital, Newburgh, New York. Her first administrative position was as assistant superintendent of nurses in a hospital in Canton, Ohio, and subsequently she became superintendent of nurses in the General Hospital at New Philadelphia, Ohio. This position she resigned in 1908 in order to take a course in military nursing at Halifax which qualified her for the C.A.M.C. permanent nursing service.

Miss Pense has already assumed her duties as Matron-in-Chief in England, and the nurses of Canada will wish her all success in her arduous and responsible task.

The Canada Gazette announces that Nursing Sister J. Machray has been appointed to be Assistant Matron.

The following have been appointed to be Nursing Sisters: H. B. Sabine, E. B. Maclean, D. E. Mick, N. O. Crozier, F. B. Balcom, A. W. Foster, M. E. M. Jnoes, C. S. Clark, A. T. Pillsbury, T. M. Frazer, M. C. Crawford, E. C. Molyneux.

J. Wallace, A. M. Ogilvy, R. L. King, J. M. Jeffrey, R. D. Bramley, V. A. Galbreath, E. Nielsen, M. M. Shearman, B. M. Seaman, N. L. Smiley, D. M. M. Rodgers, V. M. MacRae, S. Wolchuk, M. M. J. Vincent, J. D. Aseltine, E. Smith, E. O. Waugh, I. A. Baldwin, M. C. Brown, A. L. Young, M. D. Fuller, Q. M. Esdale, A. J. Macleod, M. Loggin, M. Hodgson, C. R. Shand, H. G. MacGuigan, H. L. Lane, R. Adams, D. F. Harris, H. B. Howard, G. N. Dube, S. D. Legate, M. Adair, I. Gervin, M. S. Fillmore, B. M. Welsh, O. H. Munro, V. E. E. Roberts, H. J. Coburn, B. J. Knowles, A. Thorpe, M. L. M. Baldwin, C. M. Morris, A. E. Manderson, E. L. Burnham.

AN EXECUTIVE HAS NOTHING TO DO-ALMOST

As everybody knows, an executive has practically nothing to do — that is, nothing to do except:

To decide what is to be done; to tell somebody to do it; to listen to reasons why it should not be done, why it should be done in a different way, and to prepare arguments in rebuttal that shall be convincing and conclusive.

To follow up to see if the thing has been done; to discover that it has not been done; to inquire why it has not been done; to listen to excuses from the person who should have done it and did not do it.

To follow up a second time to see if the thing has been done; to discover that it has been done but done incorrectly; to point out how it should have been done; to conclude that as long as it has been done, it may as well be left as it is; to wonder if it is not time to get rid of a person who cannot do a thing correctly.

To consider how much simpler and better the thing would have been done had he done it himself in the first place; to reflect sadly that if he had done it himself he would have been able to do it right in twenty minutes, but that as things turned out he himself spent two days trying to find out why it was that it had taken somebody else three weeks to do it wrong; but to realize that such an idea would strike at the very foundation of the belief of all employees that an executive has nothing to do.

-F. C. BIERNE, in The Ounce of Prevention

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

Province of New Brunswick

Congratulations are extended to the New Brunswick Association of Registered Nurses in obtaining a long desired objective, namely, the passing of a new bill for the Registration of Nurses by the Provincial Legislature. This bill recently received the final signature of the Lieutenant Governor of New Brunswick. New and amended by-laws to conform with the new Act of Registration will be adopted at the annual meeting of the New Brunswick Association of Registered Nurses, in September 1940.

At a recent meeting, the Executive Council of the New Brunswick Association of Registered Nurses accepted with much regret the resignation of Miss Maude E. Retallick as secretary-registrar. This resignation terminates a tenure of office extending over fifteen years.

Control of Cancer

The chairman of the Canadian Society for the Control of Cancer has sent the following letter to the Canadian Nurses Association:

I believe that the work of the Canadian Society for the Control of Cancer is not unknown to the members of your organization. Education, as you will appreciate, is one of the key factors in a successful campaign to control cancer.

Very detailed plans are under consideration of a representative group here in Toronto for a widespread campaign, and we would appreciate it if you would have this letter read at the next meeting of your organization.

We would appreciate it, first of all, if your members would look for the Canadian Society for the Control of Cancer exhibit at the Canadian National Exhibition. In addition to this, a public meeting is being planned, to be held either in Varsity Arena or Convocation Hall, on Friday, September 20, at which time outstanding speakers will address the audience on cancer and cancer control work. This will be followed by a widespread campaign to extend the scope of our educational programme, but we would ask the members of your organization to particularly keep in mind these two events, with a view to lending their wholehearted co-operation.

May I take this opportunity of extending to your members, on behalf of Toronto District Council, our heartiest greetings and best wishes for a successful year?

Anonymous Letters

Members of provincial Associations of Registered Nurses are reminded that the Canadian Nurses Association cannot give consideration to any letter that does not bear the signature and address of the writer.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Fund have been received from; Alberta:

Edmonton District Branch No. 7, Alberta Association of Registered

Alberta Association of Registered

Nurses 5.00 General Duty Nurses, Royal

Alexandra Hospital, Edmonton .. 9.7

Campbellton 10.00
Staff Nurses:
Chipman Memorial Hospital,
St. Stephen
Woodstock 5.00
Lancaster Military Hospital,
West Saint John 3.50
Miramichi Hospital, Newcastle 2.25
Provincial Hospital, Fairville 10.00
Saint John General Hospital,
Saint John 10.00
Victoria Public Hospital,
Fredericton 4.00
Saint John Public Health Section,
N.B.A.R.N. 7.00
St. Stephen Chapter, N.B.A.R.N 5.00
Saint John Chapter, N.B.A.R.N 15.00
From Surplus of Donations of
Previous Years 34.75
Nova Scotia:
A.A., Halifax Infirmary, Halifax 5.00
A.A., Glace Bay General Hospital,
Glace Bay 10.00
Antigonish-Guysboro-Inverness-
Richmond Branch, R.N.A.N.S 5.00
Lunenburg Branch, R.N.A.N.S 10.00
Ontario:
A.A., St. Joseph's Hospital,
Peterborough 5.00

The S.R.N.A. Annual Meeting

The twenty-third annual convention of the Saskatchewan Registered Nurses Association was held in Regina on May 28 and 29. Twenty-two centres were represented, one of these being the northerly Red Cross Outpost at Pierceland, Saskatchewan. As evidenced by the attendance, the program was varied and full of interest. Delegates received a warm welcome to Regina. The committee on local arrangements, under the chairmanship of Miss A. F. Lawrie, made all arrangements for their comfort and convenience. The Saskatche-

wan Hotel afforded an appropriate setting.

From the inspiring address by the president, Miss Ann Morton, to the moment of adjournment, the days were well filled. In her address, Miss Morton stressed the need for unity of effort, and stated how essential it is for nurses to be prepared to meet any demands that arise in the present crisis, without thought of personal gain.

Saskatchewan nurses welcomed Miss Nettie Fidler, of the University of Toronto, as their special guest. In addition to the informative address which Miss Fidler gave on the first morning , when she so ably developed the subject of psychiatry in nursing, she attended all sessions and shared in the round table discussion. On the second day, Miss Fidler took the delegates for a trip to Poland and Finland and placed special emphasis on the professional developments in these countries, as she found them in 1939. The nurses of Saskatchewan greatly appreciated Miss Fidler's attendance at the convention, and regretted that her sojourn in the province was so brief.

Several other stimulating addresses were given, including those on "Some phases of public health" by the Hon. J. M. Uhrich, and "What have we by way of heritage?" by M. A. MacPherson, K. C. Both these addresses were challenging and full of interest.

On the first afternoon, the Sections met to consider their special interests. These sessions were presided over by the respective chairmen: Public Health Section, Miss M. Pierce, of Wolseley; Nursing Education Section, Miss M. Ingham, of Moose Jaw; Private Duty Section, Miss M. Chisholm, of Saskatoon.

At the business sessions of the convention special study was given to the recommendations and resolutions that are to be discussed at the biennial meeting of the Canadian Nurses Association. Other matters of concern and interest that were considered at these sessions were the reports of the treasurer-registrar and advisor, and of special committees; recommendations regarding the supervision and control of home and convalescent aids, and the establishment of a loan fund.

Under the leadership of Miss Augusta Evans, *The Canadian Nurse* received unique publicity. To be appreciated, the rendering of the latter must

be told to music — as it was by Miss Evans and Miss Bransted of Moose Jaw. From later reports, the various energetic appeals made by the *Journal* Committee were not in vain.

A novel presentation was included on the program on the first afternoon, at a session presided over by Miss M. R. Chisholm of Saskatoon. meeting, work in a Red Cross Outpost Hospital, the activities of an air stewardess, of a public health nurse, and a private duty nurse were outlined respectively by Misses Clara Neal, L. Garner, Agnes Laidlaw and Eileen Welsh. Through the kindness of the Saskatchewan Red Cross Society, delegates were privileged to see a motion film of work in a Red Cross Outpost Hospital in Saskatchewan. The round table discussion, conducted by Miss R. M. Simpson, was an event that created much interest.

Exhibits also formed part of the program and were well worthwhile. They included contributions from hospitals, schools and public health organizations. A whole article could be written on many of the interesting projects and equipment displayed. These were brought to the attention of the audience by Miss Marion Thompson, instructor, Regina General Hospital.

The final session, held at the Regina Grey Nuns Hospital, was followed by an interesting address by Dr. A. W. Blair on the management of cancer, and a visit to the Cancer Clinic, recently established at the Regina Grey Nuns Hospital.

Social events were many and pleasant. Delightful luncheons were given in honour of the delegates by the Regina General Hospital and the Regina Grey Nuns Hospital. The banquet, at which Miss M. Diederichs, president of the Regina Registered Nurses Association, presided was well attended. One of the highlights of the convention was the tea at Government House, when delegates were the guests of His Honour, the Lieutenant-Governor.

The report of the scrutineers showed the following members elected to office for 1940-41: President, Miss A. Morton, Weyburn; first vice-president, Miss M. Diederichs, Regina; second vice-president, Miss E. Amas, Saskatoon; councillors: Rev. Sister O'Grady, Saskatoon; Miss M. Ingham, Moose Jaw; chairmen of sections: private duty section, Miss M. Chisholm,

Saskatoon; public health section, Miss M. Pierce, Wolseley; nursing education section, Miss M. Reid, Saskatoon.

A question asked at the round table discussion was: "How may the Provincial Nurses Association increase its usefulness to members?" One of the replies suggested that an association only develops as its members make use of it. The Saskatchewan Registered Nurses Association asks each nurse in Saskatchewan to test this suggestion and to be present at the twenty-fourth annual convention to report on the results.

The A.R.N.P.Q. Annual Meeting

In former years, the annual meeting of the Association of Registered Nurses of the Province of Quebec took place in mid-winter and sometimes synchronized with the worst blizzard of the season. This year it was held in the sunny weather of the month of May. The attendance was large and the various sessions were more interesting and stimulating than ever before.

The retiring president, Miss Margaret L. Moag, gave an admirable summary of the work accomplished during the past year, as evidenced by the reports of the various committees. Miss Moag spoke with deep feeling of the crisis through which our Empire is now passing and expressed confidence that nurses will play their part as courageously as they did in the first Great War.

The report of the treasurer, Miss Catherine M. Ferguson, showed that the finances of the Association are in a flourishing condition, and the executive

secretary, Miss E. Frances Upton, presented comprehensive and stimulating reports in her dual capacity as registrar and school visitor. Reference was made to the magnificent response to the Joint Enrolment Plan for service in war or other disaster under which 1037 members have signified their desire to serve, approximately 900 of whom are now ready to be called upon. It was pointed out, however, that this process of enrolment had involved a tremendous increase in the work of the registrar.

Membership in the Association is steadily growing and now amounts to 4064. Of these, 1309 are engaged in private duty, 1618 in institutional work, 523 in public health nursing, and 104 as office nurses, registrars, etc.

Steady progress is being made in schools of nursing, especially in relation to the following: teaching of chemistry and dietetics; affiliation for courses in the nursing of communicable diseases;

instruction and supervision in the clinical field. The health of the students is well safeguarded, and a reduction is being made gradually in their hours of duty.

Evening sessions were held concurrently in English and in French, and so interesting were both programs that it was not easy to choose between them. The French members had the pleasure of hearing Mme Pierre Casgrain speak on the contribution of the nurse to society, and Dr. Adelard Groulx, director of the Department of Health of the City of Montreal, gave a stimulating address on the role of the visiting nurse. A very large audience heard Dr. Grant Fleming give a masterly analysis of the implications of the report on the distribution of medical care and public health service in Canada. A most cordial welcome was given to Miss Sally Johnson, principal of the School of Nursing of the Massachusetts General Hospital, who spoke on the eight-hour day for private duty nurses in hospitals. The delightful humour, frankness, and common sense with which she handled this controversial subject were beyond all praise. Miss Johnson based her findings on actual experience and shed considerable light in dark places. While there could be no doubt about her sympathy with private duty nurses, she admitted that there were faults on all sides and that physicians, hospital authorities, nurses and patients must strive to understand and help each other.

A symposium, entitled, "The patient needs a nurse" was an excellent example of the recent trend toward presenting nursing problems in dramatic form. The three Sections pooled their resources and presented a most original sketch in which the fortunes of Mrs. Boyd were traced from the time she entered the hospital for operation until she was back in her own home under the care of a Victorian Order Nurse. The dialogue,

while highly amusing, had an undertone of earnestness which gave it poignancy, and the part of the irrepressible Irish patient was admirably portrayed by Miss Rose Mary Tansey. Convincing character sketches were given of a student nurse, a head nurse, a special nurse, a Victorian Order nurse and a pediatric nurse by Miss Katherine Hyndman, Miss Winnifred MacLean, Miss Elizabeth A. Smith, Miss Evelyn Pibus, and Miss Ruby Tinkiss. The role of the anxious relative was taken by Miss Eleanor G. Johnson. The direction was in the capable hands of Miss Mary Mathewson, and Miss Marion Nash. At the conclusion of the play, the lesson it conveyed was summarized very sympathetically by Miss Nora Nagle.

Running concurrently with the symposium was a very well attended meeting of French members at which Mlle Claire Godbout presented suggestions regarding the solution of the problems of the private duty nurse, and Alderman Léon Trépanier outlined in detail the plans of the committee (of which he is chairman) charged with the responsibility of arranging Montreal's Tercentenary celebrations in 1942.

A most successful meeting was brought to a close by sessions at which very able addresses were delivered before the English group by Dr. M. R. Harrower and the Rev. George Kilpatrick, and before the French group by Dr. Antonio Barbeau, Dr. Albert Jutras, and the Rev. Paul Emile Leger.

The Canadian Nurse Committee of the A.R.N P.Q., under the direction of its convener, Miss M. Flander, were responsible for a most ingenious exhibit which illustrated the content of various issues of the Journal. This proved to be so interesting and instructive that it was decided to send it "on tour" to the Biennial Meeting of the Canadian Nurses Association in Calgary.

The R.N.A.N.S. Annual Meeting

The thirty-first annual meeting of the Registered Nurses Association of Nova Scotia was held at Glace Bay on June 6 and 7. Delegates were welcomed by the Mayor of Glace Bay, Mr. D. W. Morrison. It was during a war, His Worship said, that nursing first came into prominence and now that another world conflict is raging, he knew that the nurses of Nova Scotia would discharge any duties assigned them in keeping with the best traditions of the profession.

The president, Mrs. Hope Mack, delivered a message of greeting and good wishes from Miss Grace Fairley. The reports of registrar, treasurer and corresponding secretary were presented by Miss Muriel J. Graham. There were 167 admissions during the year, thirtytwo of which were by reciprocity and seven by waiver. Grading reports were prepared by the registrar, and sent to fifteen general schools of nursing and one affiliative school since the last annual meeting. Ratings were based on living quarters; recreational facilities; staff; curriculum and course; hours of duty; health program; clinical facilities; and class and demonstration rooms. A summary of the ratings showed that there was considerable variation in conditions.

A roll call of the branches showed that all were represented. Excellent reports of local activities were presented. The report of the standing committee on private duty, presented by Miss Marie LeBlanc, showed that while the nurses in the city of Halifax had enjoyed a busy year, and continued success with eight-hour duty, other sections of the Province had very little employment. These sections were all working for shorter hours, twenty-four hour duty was fast disappearing and several cen-

tres had successfully established a tenhour day.

Sister Camillus of Lellis presented the report of the nursing education committee. During the past year the work had been retarded by the multiplicity of activities undertaken by all groups. Refresher courses had been held by local branches, and educational programs had been sponsored by Alumnae Associations throughout the Province. Miss Laura Page, convener of the Joint Enrolment Committee, reported that over three hundred nurses had enrolled for service in war or disaster. Lists had been kept up-to-date and forwarded to the Canadian Red Cross Society. Copies of the list were also in the possession of the local military authorities, A.R.P. officials, and others, so that there need be no delay in the event of a local emergency.

The members were entertained at tea at St. Joseph's Hospital, where Rev. Mother Ignatius, superintendent of the hospital, presented an excellent paper on the role of the hospital administrator. A tour of the new hospital wing and tuberculosis unit ended a most interesting afternoon. At the evening session, reports were given on "The Florence Nightingale Memorial", The Canadian Nurse, and eight-hour duty for nurses. Miss Hazel Macdonald presented a short report as C.N.A. councillor.

The next morning, bright and early, we drove to ancient Louisbourg, where His Worship, Mayor Huntington told us in vivid words the story of the only walled city in North America. When the museum had been visited, the remains of bastions and dungeons examined and the pounding white surf admired, we heartily enjoyed our lobster luncheon. Upon our return to Glace Bay, business

was resumed. Recommendations were presented from the Executive Committee and the Branches, and instructions were given our delegate to the General Meeting of the Canadian Nurses Association on matters of voting. An invitation was accepted to hold the 1941 annual meeting at Halifax, and plans were begun for a refresher course to be given in conjunction with it.

The following officers and conveners were appointed: President, Mrs. Hope Mack, Kentville; first vice-president, Miss Kathleen Harvey, Middleton; second vice-president, Miss Maude MacLellan, Digby; third vice-president, Miss Annie Martin, Sydney; recording secretary, Mrs. D. I. Gillis, Windsor Junction Conveners of the various committees were appointed as follows: public health, Miss Hazel Macdonald, Sydney; private duty, Miss Frances Brown, Wolfville; nursing education, Sister Mary Peter, Glace Bay; library, Miss Gertrude Crosby, Halifax; legislative, Miss Catherine Graham, Halifax; Red Cross emergency, Miss Laura Page, Halifax; advisory to registrar, Miss Sadie MacIsaac, Halifax; nominating, Mrs. C. W. Bennett, Halifax; arrangements, Miss Marjorie Jenkins, Halifax; program and publications, Miss Jessie McCann, Halifax.

An educative film, entitled "Good Hospital Care" was presented at the Savoy Theatre, and the final session took the form of a banquet when Miss Rhoda MacDonald, president of the Cape Breton and Victoria Branch of the Association, presided. A charming musical program was presented by the students of St. Joseph's and the Glace Bay General Schools of Nursing, concluding with a sing-song.

Mr. E. McK. Forbes, barrister, addressed the gathering on the responsibilities of a nurse. These were fourfold, he said, and included the duty of a nurse to herself, to society collectively, to the individual, and to God. Her duty to individuals was treated from a legal point of view, and several cases involving nursing jurisprudence were reviewed. Mr. Forbes concluded his address with a message of courage for these dark days of war. The sincerity of his assurance, "Hitler cannot touch God", brought comfort to us all.

-MURIEL J. GRAHAM

Which Procedures are Essential?

In isolated areas, where the members of the staff of the School of Nursing, have few chances for discussion with representative groups of the nursing profession, the instructor has many problems to solve. Some of these arise in connection with the teaching of practical procedure, for there is a marked difference of opinion as to what is essential, what is relatively unimportant, and what may be quite unnecessary. For example,

such procedures as the following were recently listed as a waste of time if taught in the demonstration room to student nurses in a general hospital: hot pack; cold pack; hot air, vapour and light baths; medicated baths; sedative baths; colon irrigation; Murphy drip; lavage; gavage.

Are we doing our whole duty if we teach only what may be used in a particular hospital or locality?

STUDENT NURSES PAGE

What I Learned from the "V.O.N."

NELLIE WILE
Student Nurse

School of Nursing, Victoria General Hospital, Halifax

Nurses in training at the School of Nursing of the Victoria General Hospital, Halifax, enjoy certain advantages which are of exceptional value and interest; among these is the two-months affiliation with the Victorian Order of Nurses. A senior student is chosen, because completion of operating room and obstetrical training, dietary department instruction, and experience in both medical and surgical nursing is necessary for the work she will be required to do.

The student does not step blindly into this new work; a series of classes is given, and carefully selected articles are studied, as the different types of work require. Included in this study are the policies of the Victorian Order, the fundamentals of public health nursing, and standardized nursing procedures as practised in the home. Demonstrations and observation of each procedure are necessary before any nurse is allowed to carry on any visiting unaccompanied. From time to time, each visit is supervised.

For the first month, home contacts give the student an insight into postpartum, infant, medical, and surgical care. Preferably during the fourth week, a family is selected with which close contact is kept and which later provides material for a case history. This case history is made a part of the student's course and enables her to study the health, social and personality problems of a family. An attempt is made to analyze the problems, outline a plan for treatment, and as far as possible, carry out the plan. This study, perhaps, leads a nurse nearer to social problems than any other phase of her work; it is completed in the eighth week and is submitted before the affiliation period is ended. During the second month, welfare work includes pre-natal instruction and the usual post-partum and infant welfare visits. During this time the student observes one home delivery.

To me, one particularly interesting phase of the work was attending clinics conducted by the Victorian Order. These are the well baby clinic, including the immunization clinic for the preschool children, and the pre-school dental clinic. Here contact was made with children of varying ages and development. The third clinic attended was the pre-natal, held at the Dalhousie Public Health Centre. The clinics not only gave us an idea of what is being done in this department of medical service

but also showed how much might be done to improve the health of a community through education.

We were also greatly interested in visits to a pasteurization plant, to the Provincial Department of Health, to a mission where a nursery school is conducted, to an orphanage, and to the Social Service Index. At the latter, policies and methods were explained and information gathered on the ways of safeguarding community life. It was also our privilege to attend different community meetings. One of particular interest was the annual meeting of the Victorian Order where we learned of its activities during the year and of the part this branch plays in National Health Service.

It is with keen enjoyment that we carry out our work during the eight

weeks' affiliation. The patient is studied, in relation to his family and to the community, as he cannot be studied in hospitals which have not a social service department. With a broader insight into community services and conditions, we leave the Order and return to our hospital work where we shall no longer study and treat our patients only as isolated individuals but as members of that public of which they are a part.

In many students who have been chosen for the affiliating course, there has been developed a keen sense of the needs of each community as well as a slight knowledge of our social problems everywhere. Some of the workers in the public health field today can trace their decision to carry on this work to the experience they gained through such an affiliation in their student days.

Reader's Guide

The use of lumbar anaesthesia in obstetrics requires intelligent co-operation on the part of the nurse. His own successful practice as an obstetrician and his use of the extensive records of Casa Maria, St. Joseph's Hospital, Hamilton, enable **Dr. R. J.**Fraser to afford most valuable instruction.

The close relation of all branches of biology to the practice of medicine is becoming increasingly apparent. Mr. D. J. MacLeod, officer-in-charge of the Dominion Laboratory of Plant Pathology in Fredericton, N. B., in describing the viruses which attack plants, suggests the wider application of research in this field.

The nursing aspects of the use of convulsive therapy in schizophrenia is ably described by Miss L. Fair, instructor of nurses in the Ontario Hospital, Whitby, Ontario.

In these uncertain days, economic security for nurses requires careful consideration.

In her capacity as convener of a committee, appointed by the Registered Nurses Association of Ontario to study this question,

Miss E. M. Buckbee presented the excellent report which appears in this issue.

NEWS NOTES

ALBERTA

EDMONTON:

A meeting of Edmonton District, Number 7, Alberta Association of Registered Nurses, was held recently. The chairman of the district, Miss Agnes Macleod, was in the chair. About sixty members were present. Miss Edith Perkins was appointed to represent the District at the Biennial Meeting of the Canadian Nurses Association, and Miss M. McCulla, of Lamont, was appointed as a substitute. Miss Margaret Deniston was appointed convener of a membership committee.

Miss M. McCulla gave a very interesting talk on the health units now operating in the Province, and showed how health education is spread by means of clinics, teaching and examinations in schools. Miss McCulla explained that the purpose of the health units is to give the rural districts a health service similar to that available in the tities, Miss K. Brighty gave a short talk on the work of the travelling chest clinic. Miss J. Brown spoke on industrial nursing and stressed the importance of pre-employment examination and provision for first-aid treatment.

CALGARY:

At the annual banquet of the Alumnae Association of the Calgary General Hospital held recently, there were 261 members present. In her address, the president, Mrs. T. L. O'Keefe, drew attention to the contribution of \$1200. which was donated to the Red Cross. The toast to the King was given by Mrs. G. C. Winstanley; to absent members by Mrs. M. Caffrey; and to the training school staff by Miss M. Watt which was responded to by the superintendent of nurses, Miss S. Macdonald. The program also included the initiation of the Class of 1940 into the Alumnae Association, musical selections, and a skit entitled, "The Dear Departed".

LETHBRIDGE:

The May meeting of the Alberta Association of Registered Nurses, District No. 8, was held at St. Michael's Hospital, with a very large attendance. The guest speaker was Prof. G. Besselaar, student of languages and world traveller. He was born in Holland but left there forty years ago to reside in British South Africa. There he became a British subject. In 1931 he

returned to Holland and accepted a chair in Amsterdam University and in this capacity he was influential in placing many nurses from Holland in positions in South Africa. Nursing conditions in South Africa were vividly described by the speaker. Letters from nurses in South Africa were read from a nursing journal published in Holland, telling of their experiences in their respective fields of labour. After the meeting refreshments were served by the Sisters of St. Michael's Hospital.

Miss Marjorie Bair has accepted a position at the Galt Hospital as operating room assistant supervisor.

Married: Miss Bertha H. Clarke, superintendent of nurses, Galt Hospital, to Mr. Ernest J. Kipp.

BRITISH COLUMBIA

VICTORIA:

The commencement exercises for the Class of 1940 of the School of Nursing of the Royal Jubilee Hospital took place recently. In a colourful setting, forty-one nurses received their diplomas and badges from Dr. T. W. Walker, medical superintendent of the Hospital, and Miss A. L. Mitchell, director of nursing. Following the graduation exercises, a reception was held at the nurses home in honour of the graduating class.

A scholarship of \$100. was presented by the Royal Jubilee Hospital Alumnae Association to Miss Helene McLeod, Class of 1937, for post-graduate work.

Miss Helen Keyworth (R. J. H., 1940) has accepted a position in the R. W. Large Memorial Hospital, Bella Bella, B. C. Married: Recently Miss Marjon Fraser

Married: Recently, Miss Marion Fraser (R.J.H., 1939) to Mr. Gerald McNaught. Married: Recently, Miss Eleanor Roos (R.J.H., 1935) to Mr. William Huxtable. Married: Recently, Miss Dava Jean Morrison (R.J.H., 1938) to Mr. John Shea.

NEW WESTMINSTER:

At a recent meeting of the New Westminster Graduate Nurses Association Mrs. M. Purvis was elected president, Miss M. Lemon, secretary, and Miss M. McDonald, treasurer. The Association recently held a bridge to augment the emergency fund which



Z. B.T. Powder with Olive Oil Resists Moisture Better

This dramatic test will show you how Z.B.T. floats—stays dry and impervious to moisture for an indefinite period. Sprinkle a generous layer of Z.B.T. on



JULY, 1940

water. Even plunging the whole hand through it will not disturb Z.B.T.'s buoyant resistance to moisture. And when removed, your hand will be dry.

By forming a satiny, moisture-resistant film on the skin, Z.B.T. Powder with Olive Oil gives far better protection against the irritations caused by perspiration and wet diapers. And Z.B.T. stays effective longer—doesn't cake or become lumpy in skin folds.

Try Z.B.T. free—compare it with any other baby powder with which you are familiar. Clip the coupon below.

FREE! The Centaur Company, Dept.D-70
1019 Elliott St., W., Windsor, Ont.
Please send free professional package of Z.B.T. to:

437

THE REGISTERED NURSES ASSOCIATION OF BRITISH COLUMBIA

has arranged for

A Refresher Course

to be held under the direction of Miss Marion Lindeburgh, M.A., R.N.
The principal topic will be

Supervision in Nursing, a Course in Leadership.

This Refresher Course will first be given in Vancouver, from July 29 to August 3, inclusive, and will then be repeated in Victoria, from August 5 to 10, inclusive.

Registration fee, \$3.50

For further information apply to: Miss Anne S. Cavers, Convener, Refresher Course Committee, 520 Vancouver Block, Vancouver, B. C.

DOCTORS' and NURSES' DIRECTORY

214 Balmoral St., Winnipeg A Directory for:

DOCTORS, and REGISTERED NURSES VICTORIAN ORDER of NURSES (night calls, Sundays, and holidays ONLY)

PRACTICAL NURSES Twenty-four hour service.
P. Brownell, Reg. N., Registrar

THE CENTRAL REGISTRY OF GRADUATE NURSES, TORONTO

Furnish Nurses at any hour DAY or NIGHT TELEPHONE Kingsdale 2136

Physicians' and Surgeons' Bldg., 86 Bloor Street, West, TORONTO HELEN CARRUTHERS, Rog. N.

the Association maintains to provide nurses for very ill indigent patients at the regular fee. The members of the Association also entertained the graduating class of the Royal Columbian Hospital at a banquet and theatre party.

MANITOBA

ST. BONIFACE:

St. Boniface Hospital:

The St. Boniface Hospital Alumnae Association recently entertained at dinner in honour of the graduating class of 1940. The guest speaker was Mr. Stewart Scott who gave a humourous address entitled "Be-

miss Jeanne Aubin (S.B.H., 1935) has accepted a position as supervisor of dressing room two, St. Boniface Hospital staff, has accepted a position in St. Mary's Hospital, Rochester. Miss Jeanne Aubin (S.B.H., 1935) has accepted a position as supervisor of dressing room two, St. Boniface Hospital. Miss P. Schwab, formerly of St. Boniface Hospital staff, has accepted a position in the operating room in the Grey Nuns Hospital, Regina. Miss Mary Tullock and Miss Maude Lowe have recently been appointed to positions in St. Boniface Hospital.

The following officers have recently been elected to serve during the coming year by the Alumnae Association of St. year by the Alumnae Association of St. Boniface Hospital: Honourary president, Rev. Sister Krause; honourary vice-president, Mrs. F. Crosby; president, Mrs. K. McCallum; first vice-president, Mrs. E. Dwyer; second vice-president, Miss Anne Danilevitch; corresponding secretary, Mrs. Mrs. F. Eastwood; recording secretary, Miss M. Prestay; treasurer, Miss Joyce Rudy; committee conveners: social, Miss Mary Maloney; membership, Miss Isabelle Pennock; press, Mrs. Frank Evans; visiting, Miss Theresa Schmidt; representatives to: M.A.R.N., Miss J. Parenteau: directory committee of M.A.R.N., Miss Signe Johnson; Local Council of Women, Mrs. Shankman; The Canadian Nurse, Miss J. Toupin.

NEW BRUNSWICK

MONCTON:

The regular monthly meeting of the Moncton Chapter, N.B.A.R.N., was held recently at the Moncton Hospital, with the president, Miss Hillyard, in the chair. It was decided that the members would

In Obstetrics and Surgery... 'DETTOL' FILLS A NEED

"'DETTOL'—In contrast to its very low toxicity for skin and mucous membranes, its effect on the bacteria with which we are concerned in puerperal fever is high. Streptococcus pyogenes and B. Coli, even in the presence of pus are killed within two minutes by a two percent solution."

JOURNAL OF OBSTETRICS AND GYNAECOLOGY OF THE BRITISH EMPIRE, VOL. 40 NO. 6, 1935

The properties of 'Dettol'-demonstrated in actual practice - are quickly winning recognition with the medical profession of Canada. For 'Dettol' Antiseptic is a vast improvement over old type carbolic and cresylic germicides in that it is non-poisonous, gentle to human tissues, persistent in action stainless, pleasant to use, and can be applied at highly

' DETTOL' is available through your regular druggist or surgical supply house. Literature and clinical sample available

Reckitt & Colman (Canada) Limited, Pharmaceutical Department, 1000 Amherst St., Montreal, P.Q.



`**DETTOL'** The Modern, Non-Poisonous Antiseptic

make clothing during the vacation months for refugee children. A pleasant hour was spent at bridge, through the courtesy of Miss Macmaster and her staff. The win-ners were Misses Sara Munroe, Pearl Matheson, and Marion MacLaren.

At the memorial service recently held for Miss Ina Duncan, a graduate of Moncton Hospital, who lost her life on the Athenia, an impressive sermon was delivered by the Rev. I. Higgins.

The members of the local chapter were recently guests of the graduating classes of the Moncton Hospital and Hotel Dieu Hospital at a delightful banquet.

Married: Recently, Miss Laura Steeves (M.H.T.S.) to Mr. Robert Morton.

ST. STEPHEN:

The observance of Hospital Day drew a number of visitors to the Chipman Me-morial Hospital where one hundred and sixty-two guests signed the register. The departments were thrown open for inspection and probationers and members of the

nursing staff acted as guides. The guests were received by the superintendent, Miss Reta Follis, assisted by officers of the Ladies Advisory Board of the hospital. Tea was later served with the help of Mrs. J. L. Haley, Mrs. A. E. Vesey, Mrs. S. D. Granville, Mrs. A. A. Laflin, Mrs. Laura

Bogue and Mrs. George Cockburn.

A successful food sale was held recently in aid of the Chipman Memorial Hospital Alumnae Association.

At the regular meeting of the local chapter, N.B.A.R.N., it was suggested that the branch proceed with advertising the scholarship for two hundred and fifty dollars from the N.B.A.R.N. to be given to an accredited graduate of New Brunswick desiring to take an academic course.

NOVA SCOTIA

R.N.A.N.S.:

ANTIGONISH -- GUYSBOROUGH . RICHMOND BRANCH: INVERNESS -The following officers have been elected

IULY, 1940

McGILL UNIVERSITY

School for Graduate Nurses

The following one-year certificate courses are offered to graduate nurses:

TEACHING AND SUPERVISION IN SCHOOLS OF NURSING

PUBLIC HEALTH NURSING

ADMINISTRATION IN HOSPITALS AND SCHOOLS OF NURSING

ADMINISTRATION AND SUPERVISION IN PUBLIC HEALTH NURSING

For information apply to:

School for Graduate Nurses McGill University, Montreal.

UNIVERSITY OF WESTERN ONTARIO

Division of Study for GRADUATE NURSES

COURSES OFFERED

A five-year course leading to the degree of Bachelor of Science in Nursing.

Courses, covering one academic year, and leading to Certificates in Public Health Nursing, Hospital Administration, Instructor in Schools of Nursing.

For information apply to:

CHIEF:

Division of Study for Graduate Nurses

FACULTY AND INSTITUTE OF PUBLIC HEALTH LONDON, CANADA to office in the Branch: President, Miss Vera McKinnion; vice-president, Miss Kay Chisholm; secretary-treasurer, Sister Margaret Claire.

The Branch has been very active throughout the year. Owing to the scattered location of the nurses and the stormy winter, transportation was difficult, but meetings were held every two months with a fairly

good attendance.

The Red Cross Home Nursing course has been completed. Several nurses volunteered to conduct the classes thus making it possible to give two two-hour classes a week. We were given the use of St. Martha's Hospital lecture and demonstration rooms. Thirty students enrolled and rarely was there an absentee. The nurses are grateful for the experience of teaching such a group, and look forward to repeating the venture in the early fall.

Besides these classes given by the nurses, lectures were given by Dr. T. B. Murphy, and Dr. D. L. McDonald, D. D. S. A card party was held to help raise funds, and the sum of forty dollars and fifteen cents

was realized.

Miss Marie LeBlanc (S.M.H., 1933) is now a member of the staff of Camp Hill Hospital, Halifax. Misses Margaret Forbes and Christine McIntosh (S. M. H., 1939) recently completed a post-graduate course at the Saint John Tuberculosis Hospital, N. B., and have been successful in obtaining positions on the staff. Miss Louise Warren (S. M. H., 1939) is planning a post-graduate course in surgery at St. Michael's Hospital, Toronto.

Married: Recently, Miss Dorothy Mc-Donald (S. M. H., 1934) to Mr. Redmond

Power.

Married: Recently, Miss Kay Byers (S. M. H., 1939) to Lieut. Harry Ripley.

ONTARIO

DISTRICT 1

LONDON:

Under the direction of Miss Mildred Walker, the University of Western Ontario arranged an instructive refresher course on tuberculosis at the Queen Alexandra Sanatorium, through the co-operation of Dr. D. W. Crombie, superintendent, and Miss A. L. Bradley, superintendent of nurses. Nurses registered from the fields of public health, hospital administration, and nursing education.

It was pointed out that X-ray revealed

VOL. XXXVI, No. 7

seventy-five cases of tuberculosis among the soldiers in this centre alone. These men had been declared fit for army service before being X-rayed.

The nurses were entertained at luncheon and tea through the graciousness of Misses Bradley, Agnes Campbell, and Elizabeth Kidd. Sincere appreciation is extended to Dr. Crombie and his staff for this excellent refresher course.

DISTRICTS 2 AND 3

KITCHENER:

The Public Health Section of Districts 2 and 3 recently held a most successful suppermeeting. Forty-five members were present with Dr. Roy Brillinger as guest speaker; his subject was mental hygiene in industry and was instructive and entertaining. Arrangements were made to meet again on September 25 at the Cutten Golf Club in Guelph.

GUELPH:

Guelph General Hospital:

The graduating exercises of the School of Nursing of the Guelph General Hospital were held recently when sixteen nurses received their diplomas and the pins of the School. The chairman of the Board of Commissioners, Dr. W. J. R. Fowler, presided. The superintendent, Miss S. A. Campbell, presented an interesting report on the Training School and the activities of the Hospital, after which Mrs. Margaret Rhynas, president of Women's Hospital Aids of Ontario, gave an inspiring address. After the ceremony, a reception was held attended by a large number of friends and relatives of the Class.

The following awards were made: Miss Marjorie J. Cockburn was presented the gold medal for the highest standing; Miss Marion E. Day was presented the gold medal for general proficiency; Miss Anna K. Logan was presented the prize by the Alumnae Association for obstetrical nursing; Miss Edith V. Marriott was presented the prize by Dr. T. M. Savage for operating ro technique. Medals were awarded by Dr. L. H. Leggett to Miss Mary I. Switzer and Miss Margaret L. McEachern for surgical nursing. Miss Helen A. Sloane was presented the prize by Dr. A. B. McCarter for bedside nursing.

In the intermediate Class, the prize for practical nursing and ethics, presented by the Women's Hospital Aid, was awarded to Miss Keytha Smith. In the Junior Class, the prize for practical nursing and ethics,



The Waterproof Toilet Powder

For Baby — it forms a powdery film to keep the delicate skin free from dampness—prevents chafing and diaper rash.

For Adults — it prevents hot weather chafing, soothes and cools the irritated skin —acts like magic on burning feet.

Merck Zinc Stearate comes in a handy self-closing tin that the baby cannot possibly open and that mother cannot spill accidentally.



MERCK & CO. LIMITED, 560 DECOURCELLES ST., MONTREAL.

GENTLEMEN:

Please send a trial quantity of Merck Zinc Stearate to:

NAME

ADDRESS

ONE WHITE TUBE CREME

(concentrated)



Is most economical to use and is favoured by Nurses.
Is absolutely harmless

to any type of White Footwear.

One White Tube Creme

is made in Canada and a sample tube will be mailed to any Nurse on request.

Made by the makers of CINDERELLA SHOE DRESSINGS.

EVERETT & BARRON OF CANADA, LTD.

914 Dufferin St. Toronto

The Ideal Aperient for Babies and Children

STEEDMAN'S From Deathing to Joens POWDERS

Experienced Nurses know that these famous English powders are ideal for fretful bables—during teething—to relieve feverishness and constipation—whenever a safe and gentle laxative is needed. Free samples gladly supplied, also copies of concise practical booklet. "Hints to Mothers." JOHN STEEDMAN & CO., Dept. 10, 442 St. Gabriel Street, Montreal.



Be identified by Cash's special style D-54 woven name on wider tape, on your sleeve or pocket. Special price to hospitals — \$1 for minimum order of 1 doz. Reduction for quantities of three dozen and over.

CASH'S, 230 Grier St., Belleville, Ont.

presented by the Women's Hospital Aid, was awarded to Miss Dorothy Monteith.

In an attractive setting of red and white, the School colours, the Alumnae Association entertained the graduating class at dinner. The guest speaker, Dr. G. E. Reaman, head of the Department of English, Ontario Agricultural College, delivered a delightful talk on "People you will meet". Miss Clara Ziegler expressed appreciation to Dr. Reaman. The President of the Alumnae Association, Miss L. Ferguson, gave the toast to the King and the toast to absent members was proposed by Mrs. Howard Bolton. The toast to the Training School was given by Miss Loreen Sinclair, and responded to by Miss S. A. Campbell, and the toast to the graduating class was given by Miss Margaret Doughty, and responded to by Miss Isabel Switzer. Delightful musical numbers were rendered by Mrs. Dillistone.

DISTRICT 5

BOWMANVILLE:

The Spring meeting of District 5, R.N. A.O., was held recently at the Training School for Bovs, Bowmanville. Approximately sixty-five members attended. Mr. Virgin, principal of the school, had arranged a very interesting program which included a demonstration in the gymnasium; vocal numbers by the boys; a tour of the buildings and grounds, followed by a very delicious, bounteous buffet supper.

At the evening meeting, Canon Spencer pronounced the Invocation after which reports were received from conveners of the Sections, the Chapters, and the standing committees. The speaker of the evening, Dr. Kenneth H. Rogers, explained the function of the "Big Brother Association", using his topic "Four Fine Boys" as an illustration.

ORILLIA

A meeting of Chapter 2, District 5, R.N.A.O., was held recently at the Ontario Hospital, with sixty members present. Mr. H. D. Goodfellow, psychologist at the Ontario Hospital, spoke on the emotional side of life as related to good or bad health. At the clinic held later by Dr. Walker, photographs and films of the work done with the various patients were shown. A social hour followed.

TORONTO:

Toronto Western Hospital:

The graduating exercises of the Toronto Western Hospital School of Nursing took place recently. Mrs. Alex Fasken presented the diplomas and pins, after which Dr. R. C. Wallace, principal and vice-chancellor of Queen's University, spoke to the nurses.

VOL. XXXVI, No. 7

A reception followed at which Mrs. Fasken, Miss Ellis, Miss Rowan, and Miss Bolton received the guests.

The forty-two members of the 1940 graduating class presented a portrait of the director of their school, Miss Beatrice L. Ellis, to the hospital. The graduates formed a guard of honour as Miss Ellis came into the reception hall. The portrait, by Joseph Dreany, was unveiled and presented by Miss Katherine How on behalf of the graduates, and accepted by Mr. A. J. Swanson on behalf of the Board of Governors, after which Miss Ellis voiced her appreciation of this gesture of esteem shown her.

Miss Cleta Watson, Miss Graham, Miss Olive MacMurchy, and Miss Sally McCallum, who have completed successful appointments on the staff, were the recipients of tokens of appreciation of their achieve-

ments.

The Red Cross Auxiliary of the Toronto Western Hospital recently raffled a fifty dollar cheque, a ten dollar merchandise warrant and a table lamp, from which \$639. was realized for the fund for work among the men overseas. The solarium, through the courtesy of the Board of Governors and Mr. Swanson, has been given over to the Hospital Red Cross Auxiliary for the purpose of making dressings for the Red Cross, and the nursing staff are supervising from 75 to 100 workers each day.

Wellesley Hospital:

The Wellesley Hospital Alumnae Association recently held a very successful meeting in aid of war work. Miss Grace Bolton presided and Mrs. W. G. Keane, president of the auxiliary, reported that 835 articles had been donated. Miss Dorothy Powers reported that 200 knitted articles had been given by active nurses to the Canadian sailors at Halifax. It was noted to send a box of knitted articles to the British Navy. The president gave a report of the R.N.A.O. convention and Miss Eunice Dinby gave an interesting demonstration on floral arrangement. Lucky number prizes were awarded following a successful drive for war funds. There was a sale of home cooking and candy in charge of Miss Mary Stanton and Mrs. Charles McMichael. Seventy-five nurses, including two nursing sisters, were present.

NEW TORONTO:

The following officers have recently been elected to serve during the coming year by the Alumnae Association of the Ontario Hospital, New Toronto: Honourary presidents, Miss Esther Rothery, Mrs. New under-arm
Cream Deodorant
safely
Stops Perspiration



- 1. Does not harm dresses does not irritate skin.
- 2. No waiting to dry. Can be used right after shaving.
- Instantly stops perspiration for 1 to 3 days. Removes odor from perspiration.
- 4. A pure white, greaseless, stainless vanishing cream.
- Arrid has been awarded the Approval Seal of the American Institute of Laundering, for being harmless to fabrics.



25 MILLION jars of Arrid have been sold . . . Try a jar today — at any store which sells toilet goods.

ARRID

39¢ a jar

AT ALL STORES WHICH SELL TOILET GOODS
(Also in 15 cent and 59 cent jars)

JULY, 1940

ROYAL VICTORIA MONTREAL MATERNITY HOSPITAL

POSTGRADUATE COURSES

are offered in

(a) Obstetrical Nursing: 3 months
(b) Gynaecological Nursing:

Students may enroll for either course singly, or for both courses to be taken consecutively.

Each student will be granted a certificate upon the successful completion of a course.

Full maintenance and an allowance are provided.

For further particulars write to:

Miss C. V. Barrett, R.N. Supervisor,

ROYAL VICTORIA MONTREAL MATERNITY HOSPITAL

Montreal, Canada

CHILDREN'S MEMORIAL HOSPITAL

Montreal, Canada

POST-GRADUATE COURSE IN PAEDIATRIC NURSING

A six-months course is offered to Graduate Nurses which includes theoretical instruction, organized clinical teaching and experience in the following services:

MEDICAL, SURGICAL, ORTHOPAEDIC, INFANT, OUT-PATIENT.

A special Study of the Normal and Convalescent Child.

A certificate will be granted upon the successful completion of the course. Classes admitted in the Spring and Fall. Full maintenance will be provided. No extra remuneration.

For further particulars apply to:

Director of Nursing Children's Memorial Hospital Montreal. Christina Brock; honourary vice-president, Miss Florence Thomas; president, Miss Edna Moriarty; first vice-president, Miss Leona Chartrand; second vice-president, Miss V. Holden; recording secretary, Miss Vivian Doncaster; corresponding secretary, Miss Ruth Osbourne; treasurer, Mrs. E. Claxton; programme convener, Miss Margaret Dickie; social committee: Miss Ethel Alderton, Miss Mae Knapp; visiting & flower: Miss Margaret Jardine, Mrs. M. Robertson; membership committee: Mrs. Storey, Miss V. Childs.

DISTRICT 6

BELLEVILLE:

The regular meeting of Chapter A, District 6, R.N.A.O., was held recently, with Miss Bertram in the chair. After the routine business meeting, the report on economic security for nurses was discussed. Miss Finkle, the Belleville General Hospital Alumnae delegate, presented an interesting report of the R.N.A.O. convention held in Ottawa. A social hour followed.

COBOURG:

The regular meeting of Chapter B, District 6, R.N.A.O., was held recently at the General Hospital, with Miss Shaw presiding. Twenty-eight members were present. After a short business meeting, Miss Shaw introduced Dr. F. P. Lloyd, who showed interesting moving pictures on modern nursing in pediatrics and plastic surgery. A vote of thanks was extended by Miss Elliot, after which refreshments were served.

Married: Recently, Miss Claudia Mutton (C.G.H.) to Mr. John A. Noble.

LINDSAY:

The regular meeting of Chapter C, District 6, R.N.A.O., was held recently in the Ross Memorial Hospital, with the president, Mrs. Rundle, in the chair. The resignation of Mrs. Revory as convener of transportation was accepted, and Mrs. R. McIntyre was appointed. The advisability of presenting a skit on the community registration bureau was discussed, and Miss Lynch gave an excellent report of her trip to the R.N.A.O. convention in Ottawa. A social hour was much enjoyed.

DISTRICT 7

KINGSTON:

The new method of treating fractures of the hip by the Smith-Peterson nail treatment was explained by Dr. Duncan Boucher to those who attended the meeting of the Kingston Chapter, District 7, R.N.A.O., which was held recently at the Kingston General Hospital. Miss Evelyn Freeman, the president, was in the chair. Miss Evelyn Park gave a case history of a patient treated in this new manner. Musical numbers and refreshments were enjoyed after the meeting.

Kingston General Hospital:

The Alumnae Association of the Kingston General Hospital recently entertained the Class of 1940 at a delightful dinner in a colourful setting of spring flowers. Following the dinner, Miss Ann Baillie, superintendent of nurses, introduced Dr. G. W. Mylks, who addressed the graduating class. His topic dealt with early hospital days. An informal dance was held in the evening.

The Alumnae Association recently held a bridge with an excellent attendance. Following the bridge a drawing was made for the lucky ticket on a silver tea service.

the lucky ticket on a silver tea service.

Married: Recently, Miss Edria Rathbun
(K.G.H., 1934) to Dr. Leigh Greenfield.

Hotel Dieu Hospital:

Sister Murphy, a graduate of the Hotel Dieu Hospital school of nursing, won the Lieutenant George R. Parke Phm. B. Memorial Scholarship for first prize in the pharmacy examinations at the Ontario College of Pharmacy.

DISTRICT 8

PEMBROKE:

A meeting of District 8, R.N.A.O., was held recently, with Miss Molly Black presiding. The members were welcomed by Rev. R. Fraser and Sister Mary Evangeline, chairman of the Pembroke Chapter. Dr. I. D. Cotnam spoke on the changing trends in nursing at the morning session, and at luncheon the Rev. H. J. Keith gave an address on the peace we aim at. The treatment of mental disorders was the subject of an address by Dr. D. J. McKerracher, director of the Mental Health Clinic, Brockville. Miss Patricia Parisien, psychiatric social worker at the Ontario Hospital, Brockville, spoke on the after-care of the mentally ill, and Miss Margaret LeBas, clinic psychologist of Brockville, spoke on the prevention of mental disorders. A social hour was much enjoyed.

Ottawa Civic Hospital:

Twenty nurses received their graduation pins and diplomas at the graduation exer-



DOUBLE ACTION

Gastric hyperacidity accompanied by constipation will find a rebuff in Phillips' Milk of Magnesia—laxative, antacid.

Since it is only sparingly soluble, Phillips' Milk of Magnesia exerts a prolonged antacid effect.

Its action on the peristaltic wave is to increase its effectiveness in eliminating food waste without causing griping.

The palatability, convenience and effectiveness of Phillips' Milk of Magnesia merit your prescription of both forms:

PHILLIPS'
MILK OF MAGNESIA (liquid)
PHILLIPS'
MILK OF MAGNESIA TABLETS

Each tablet equivalent to a teaspoonful of the liquid.

We will send you professional package upon request.



PHILLIPS' Milk of Magnesia

Prepared only by

THE CHAS. H. PHILLIPS CHEMICAL CO.

New Nursing Books

Hansen - A Review of Nursing, 3rd Ed. \$3.50

Karnosh & Gage - Psychiatry for Nurses \$3.25

Muse - Materia Medica, 3rd Ed.

Sutton - Introduction to Medicine

McAinsh & Co. Limited Dealers in Good Books Since 1885 388 Yonge St. Toronto

A Proposed Curriculum for Schools of Nursing in Canada

can be obtained from the Executive Secretary of the Canadian Nurses Association, 1411 Crescent St., Montreal.

Price: One dollar.

The American Hospital Bureau

1825 Empire State Building New York City

Offers to Hospitals in Canada and the United States a professional placement service for Hospital and Nursing School Administrators, Instructors, Supervisers, Ansesthetists, Dietitians, Technicians, and General Duty Nurses. All credentials personally

C. M. Powell, R. N., Director



cises of the school of nursing held recently. Mr. J. J. Lyons presided. Mayor Stanley Lewis brought greetings from the citizens of Ottawa; Dr. C. A. Young conveyed the congratulations of the medical staff, and Dr. Francis Gisborne addressed the gathering. Tea was later served on the lawn, and music was supplied by the Governor-General's Foot Guards band. An enjoyable dance was held in the evening.

The annual dinner, given by the Alumnae Association in honour of the graduating About 175 members were enjoyable event. About 175 members were present. The members of the graduating class were the guests of the Alumnae Association at the May meeting. Following a short business meeting, Mrs. Shepherd, who is home on furlough from Aklavik, gave a very in-teresting illustrated talk on the Arctic.

The members of the Class of 1930 recently celebrated their tenth anniversary.

Amusing reminiscences were given by Miss B. Orlo MacInnes. The class also held a special dinner with 25 members present.

DISTRICT 9

GRAVENHURST:

Seventy nurses attended a recent meeting of the Muskoka Chapter, District 9, R.N.A.O., when Miss Mary Millman, of the School of Nursing of the University of Toronto, spoke on the progress made in nursing education in recent years. She offered useful information on the refresher and post-graduate courses given by the School of Nursing of the University of Toronto. Miss Ripol, who is in charge of a school of nursing in Caracas, Venezuela, gave an interesting talk on her work.

This was considered a very successful

meeting due to the excellent speakers and

the large attendance.

Miss Irene Lewis and Miss Frances Smith, of North Bay, and Miss Elsie Dun-net, of Gravenhurst, have recently been appointed as stewardesses on the Trans-Canada Air Lines.

NORTH BAY:

At the annual meeting of the North Bay Chapter, District 9, R.N.A.O., held recent-ly at St. Joseph's General Hospital, Miss Gertrude Johnston was returned by accla-mation as chairman. Miss E. Trombley was elected vice-chairman and Rev. Sister Melonie, secretary. The guest speaker was Dr. H. H. Washburn, whose talk on the public health aspect of tuberculosis and the problem of the rehabilitation of the cured patient was instructive, and appreciated by the many nurses present.

VOL. XXXVI, No. 7

PRINCE EDWARD ISLAND

CHARLOTTETOWN:

Miss Katharine MacLennan was the guest speaker at a largely attended annual meeting of the Free Dispensary in Charlottetown. In addition to giving a clear picture of the manifold activities of the Provincial Sanatorium (in which she is nursing supervisor) Miss MacLennan presented a comprehensive and interesting summary of modern methods of combatting tuberculosis. The full text of this excellent address appeared in The Charlottetown Patriot, thus broadening its educational value.

QUEBEC

MONTREAL:

Montreal General Hospital:

At the annual dinner recently held in honour of the graduating class, 300 members were present. Miss Mary Mathewson, the president of the Alumnae Association, presided, the guest speaker being Miss A. Colquhoun of the Class of 1892. Life memberships in the Alumnae Association and Mutual Benefit Association were presented by Miss Frances Upton to Miss Nora Tedford, through whose efforts the latter was formed, and to Miss Henrietta Dunlop, who was secretary-treasurer for the first fifteen years.

At the graduating exercises 58 nurses received their medals and diplomas. The special prizes for general proficiency were won by Miss F. Janet McDonald in the first division, and Miss Eileen Sherlock in the second division. The Mildred Hope Forbes prizes for the highest aggregate marks in the three years were awarded to Miss Florence M. Miller in the first division, and to Miss Margaret Browne in the second division. Dr. Lorne Montgomery gave the address to the graduating class, and Miss Mabel K. Holt, principal of the school of nursing, spoke briefly.

Miss Ann Thorpe, who has been in charge of Ward E, Men's Medical Ward, for over twelve years has been appointed nursing sister in the R.C.A.M.C., and is in charge of the military hospital at St. Johns, Quebec. On her departure, she was presented with a gold watch and purse from the staffs of the Hospital.

Miss Carrie Hollett (M. G. H., 1936) and Miss Jean Robertson (M. G. H., 1939) have resigned their positions and have left to be married. They were the recipients of

Such a Lovely Even White!

Nugget White Dressing gives and keeps a fresh even finish to all white fabric shoes.

Nugget is also available in Black, Blue and all shades of Brown.



(the cake in the non-rust tin)



gifts from Miss Holt and her staff. Miss Clunie (M. G. H., 1939) has joined the staff of the Arvida Hospital, Arvida.

Married: Recently, Miss Margaret Mc-Phee (M. G. H., 1938) to Flight Lieut. Flemming.

Married: Recently, Miss Margaret Parmenter (M. G. H., 1935) to Mr. Hamilton V. DeBury.

Royal Victoria Hospital:

At the annual dinner held recently by the Alumnae Association in honour of the graduating class, the president, Miss Eileen Flanagan, and the members of the board of directors, received the guests. The tables were colourfully decorated with spring flowers. After the toast to the King, the roll was called by Mrs. R. A. Taylor. The toast to 'Our Guests' was proposed by Mrs. F. A. C. Scrimger, and responded to by Miss Helen Craig of the Class of 1940. The guest speaker was Mr. A. W. O'Brien, whose subject was "Covering the Canadian War Story". The prize awards were announced by Miss F. Munroe, followed by the presentation of honourary life memberships to Mrs. M. A. Stanley and Miss Mabel F. Hersey for outstanding service to the Alumnae Association.

At the graduating exercises held recently in the nurses home, fifty-five nurses received their pins and diplomas. Dr. W. W. Chipman presided, and Miss F. Munroe presented the report of the school of nursing. The address to the graduating class was given by Dr. F. Cyril James, principal of McGill University. The diplomas were presented by Mr. W. R. Chenoweth, and the prizes by Lady Meredith. Miss Eleanor Martin, of Saskatoon, and Miss Edith Pratt, of Metapedia, Quebec, were the prize winners for the highest marks attained. Miss Helen Craig, of Osgoode, Ontario, and Miss Wilhelmina Bell, of Guelph, Ontario, were awarded prizes for general proficiency.

Miss Margaret Carruthers (R.V.H., 1935), and Miss Mary Young (R.V.H., 1938) are with the Victorian Order of Nurses in London Ontario.

School for Graduate Nurses,

McGill University:

The annual meeting of the Alumnae Association of the School for Graduate Nurses, McGill University, in conjunction with a dinner in honour of this year's class at the School, was held recently. Miss B. Herman presided over a very enjoyable function at which about ninety members were present. An event of interest was that

Miss F. Munroe, superintendent of nurses, Royal Victoria Hospital, was made an honourary member of the Association.

The following officers have been elected to serve during the coming year: President, Miss Inez Welling; vice-president, Miss Agnes Tennant; secretary-treasurer, Miss Elsie Allder; programme convener, Miss Chrissie Campbell; convener of the Flora Madeline Shaw Memorial Fund, Mrs. L. H. Fisher; representatives to The Canadian Nurse: Miss F. Lamont (convener), Miss Catherine Anderson, Miss LaVerne Reich, Miss Ethel Grindley; representatives to the Local Council of Women, Miss Margaret Fox, Mrs. J. T. Allen.

QUEBEC:

Jeffery Hale's Hospital:

Miss Norena Mackenzie and Miss Burgess attended the annual meeting of the A.R.N. P.O. held recently in Montreal

P.Q. held recently in Montreal.

Miss Beattie, of Alberta, and Miss Crossman, of New Brunswick, who recently completed the course in administration at the School for Graduate Nurses, McGill University, were in residence at Jeffery Hale's Hospital during the last two weeks of May, for observation purposes.

Miss Ascah resigned recently from the staff and a novelty shower was given in her honour; she has been replaced by Miss Maurine Green (J.H.H., 1939). Miss Isabel Hazel Black has resigned from the staff to take a course in X-ray technique at the Royal Victoria Hospital, Montreal. At a delightful bridge party, Miss Black was presented with a week-end case. Her position has been filled by Miss M. Belyea (J.H.H., 1938).

SASKATCHEWAN

SASKATOON:

The Saskatoon Registered Nurses Association recently held its last meeting before the summer months at St. Paul's Hospital, with Miss Jean Whiteford presiding. The graduating class of St. Paul's Hospital were guests of the Association. An interesting report of the convention of the Saskatchewan Registered Nurses Association was presented by Miss Marguerite Urton. Miss Helen Fast gave a comprehensive outline of the Youth Congress which she recently attended, and the treasurer, Miss Margaret Grant, presented a gratifying re-



A WORD TO THE WISE

The nurse most efficient in training today

Must make quick decisions and know what to say

How reasonable then, that, in her ingenuity

She buys

a Sun Life Retirement Annuity.

CONSULT

Amy B. Hilton

Room 52

OF CANADA

Montreal.

WANTED

Superintendent of Nurses for modern, well-equipped hospital. The daily average of patients is 70. There is a training school with a full-time instructor. Further information furnished on application to:

S. N. Wynn, Chairman, House Committee, Queen Victoria Hospital, Yorkton, Saskatchewan.

WANTED

A qualified Obstetrical Supervisor. Please state experience and salary expected. Duties to commence July 15, 1940. Applications should be addressed to:

THE SUPERINTENDENT Nicholls Hospital, Peterborough, Ontario.

WANTED

A qualified Instructress of Nurses. Please state salary expected. Duties to commence September 1, 1940. Applications should be addressed to:

SISTER SUPERINTENDENT
St. Joseph's Hospital,
Saint John, New Brunswick.

WANTED

Applications are invited for the position of Instructress of Nurses at the Sher-brooke Hospital. Apply, stating qualifications, age, and salary expected, to:

Superintendent of Nurses Sherbrooke Hospital, Sherbrooke, Quebec. port on the proceeds of the tea held re-cently, under the convenership of Misses Ethel Wyatt and Elizabeth Waddington. Donations, which were received, enabled the Association to purchase three pairs of blankets for the Red Cross. A committee was appointed to promote the sale of stamps for War Savings Certificates.

Saskatoon City Hospital:

Mrs. Porteous (S. C. H., 1936) has completed a post-graduate course in teaching and supervision at McGill University. Miss Jean MacKay (S. C. H., 1937) has completed a post-graduate course in public health nursing at the School of Nursing of the University of Toronto. Miss Raymond (S. C. H., 1938) has accepted a position at the Columbia Hospital, Rochester, U.S.A. Miss J. Brown (S. C. H., 1938) is taking a post-graduate course in operating room technique at the Graduate Hospital, University of Pennsylvania, Philadelphia. Miss L. Armstrong (S. C. H., 1936) is taking a post-graduate course in operations of the course in the course i ing room technique at the Vancouver General Hospital.

Miss M. Chisholm and Miss E. Polowy were delegates from the Saskatoon City Hospital Alumnae Association to the convention of the Saskatchewan Registered Nurses Association which was held re-

LIFE-SAVING DRUGS FOR WOUNDED

Wound infection, probably the largest single cause of death among wounded men reaching hospital in the last war, can be combated more successfully than ever before. Most wounded men who escape the worst effects of lethal weapons, and receive early attention, can be expected to survive their injuries. These statements are made by the Medical Research Council in its report for last year.

The main reason for the belief that the back of the enormous problem of bacterial infection of wounds had been broken bewar began is the confident exfore the pectation that the sulfanilamide group of compounds will prove as successful in septic wounds as it has in puerperal sepsis and

septicemia.

In gas-gangrene, the second greatest cause of wound infection, the compounds have yet to prove their value, but there is evidence to suggest that here, too, sulfanilamide will be life-saving.

It is also possible that the compounds may be found to have preventive effects if administered immediately after injury. rangements have been made with the Army Medical Service to investigate this preventive aspect.

"The destructive power of arms," says the report, "will indeed have increased immensely since 1918 if it over-shadows the advances of knowledge for the saving of life which modern discovery has placed at the disposal of medical men. If a strict comparison were made between what science has done to increase war mortality and what medical science has done to lessen these lethal effects, there is good reason to be-lieve that the latter would be an easy winner."



Dosage:

1 to 2 capsules 3 or 4 times faily. Supplied only in pack-ages of 20 capsules. Literature on request.

In cases of Amenorrhea, Dysmenorrhea, Menorrhagia and Metrorrhagia, Ergoapiol serves as a good uterine tonic and hemostatic and is valuable for the menstrual irregularity of the Menopause. Prescribed by physicians throughout the world.

New York, N. Y. MARTIN H. SMITH CO.

Official Directory

Acting Executive Secretary, Miss Calista F. Banwarth, 310 Cedar Street, New Haven.
Connecticut, U. S. A.

CANADIAN NURSES ASSOCIATION

Miss Grace M. Fairley, Vancouver General Hospital, Vancouver, B.C.

Miss Ruby M. Simpson, Department of Health, Parliament Buildings, Regina, Sask.

dent Miss Elizabeth L. Smellie, 114 Weilington Street, Ottawa, Ontario.

ssident Miss Marion Lindeburgh, 3480 University Street, Moatreal, P.Q.

testary Miss Marhiem I. Sanderson, 1105 Park Drive, Vancouver, B.C.

Miss A. J. MacMaster, Moncton Hospital, Moncton, N.B. Past President Miss First Vice-President ... Second Vice-President Honourary Secretary Honourary Treasurer COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held, vis: (1) President, Provincial Nurses Association:
(2) Chairman, Nursing Education Section; (3) Chairman, Public Health Section;
(4) Chairman, Private Duty Section.

iberta: (1) Miss Rae Chittick, 815-18th Ave. W., Calgary; (2) Miss Helen S. Peters, University Hospital, Edmonton; (8) Miss Audrey Dick, Sfc. 26, Lorraine Apts., Calgary; (4) Miss Florence J. Thomas, 617-14th St. S., Lathbridge. Lethbridge.

British Columbia: (1) Miss M. Duffield, 1675 10th Ave., W., Vancouver; (2) Miss A. S. Cavers, Vancouver General Hospital, Vancouver; (3) Miss F. Innes, 1922 Adamac St., Vancouver; (4) Mrs. J. F. Hansom, 1178 Esquimalt Ave., West Vancouver, Manitoba: (1) Miss Evelyn Mallory, Children's Hospital, Winnipeg; (2) Miss E. McDowell, Winnipeg General Hospital; (3) Miss F. King, Ste. 9, Greysolon Apts., Winnipeg; (4) Miss C. Bourgeault, 561 Des Meurons St., St. Boniface. Boniface.

New Brunswick: (1) Mrs. G. E. van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (8) Miss A. Burns, Health Centre, Saint John; (4) Miss Myrtle E. Kay, 21 Austin St., Monc-

ton.
Neva Scotia: (1) Mrs. Hope Mack, Nova Scotia
Sanatorium, Kentville; (2) Sister Camilius of
Lellis, Halifax Infirmary, Halifax; (3) Miss
Hazel Macdonald, 21 Queen St., Sydney; (4)
Miss Marie Leblanc, St. Martha's Hospital,
Anticontals

Ontario: (1) Miss Jean L. Church, 120 Strath-cons Ave., Ottawa; (2) Miss N. M. Dulmage,

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q. OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

NURSING EDUCATION SECTION

CHARRMAN: Miss A. J. Macleod, University of Alberta, Edmonton, First Vice-Chairman: Miss B. Amas, City Hospital, Saskatoon. Second Vice-Chairman: Miss M. Batson, The Montreal General Hospital, Montreal, Secretary-Treasurer, Miss M. S. Fraser, Royal Alexandra Hospital, Edmonton.

COUNCILLORS: Alberta: Miss H. S. Peters, University Hospital, Edmonton, Brifish Columbia; Miss A. Cavers. Vancouver General Hospital. Manitoba: Miss E. McDowell, Winnipeg General Hospital. New Brunswick: Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton. Nova Scotia: Sister Camillus of Lellis, Halifax Infirmary, Halifax. Ontario: Miss N. M. Dulmage, Toronto General Hospital. Prince Edward Island: Miss A. Bennett, 102 Upper Prince St., Charlottetown, Quebec: Miss M. Batson, Montreal General Hospital. Saskatchewan: Miss M. Ingham, Moose Jaw General Hospital. Saskatchewan: Mis General Hospital.

PRIVATE DUTY SECTION

CHAIRMAN: Miss M. Teulon, 1107 West 39th Ave.. Vancouver. First Vice-Chairman: Miss H. Cameron, 2165 Lincoln Ave., Apt. 8, Montreal. Second Vice-Chairman: Miss R. Hart, 122 Spring Garden Road, Halifax. Secretary-Tressurer, Mrs. Helen Bollons, 1565 West 14th Ave., Vancouver.

Toronto General Hospital, Toronto; (8) Miss G. Ross, 15 Queen's Park Cresc., Toronto: (4) Miss Freda Fell, Apt. 101, 2745 Yonge St., To-

Prince Edward Island: (1) Miss Ina Gillan, 221 Kent St., Charlottetown; (2) Miss Anna Bennett, 102 Upper Prince St., Charlottetown; (3) Miss Ruth Ross, Summerside; (4) Miss M. Gamble, Albany R.R. No. 1, Tyron.

Quebec: (1) Miss E. Flanagan, Royal Victoria Hospital, Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (8) To be appointed; (4) To be appointed.

Saskatchewan: (1) Miss Ann Morton, Weyburn; (2) Miss M. Ingham, Moose Jaw General Hos-pital, Moose Jaw; (8) Miss M. E. Pierce, Wolseley; (4) Miss Mary R. Chisholm, 805-7th Ave., Saskatoon.

CHAIRMEN, NATIONAL SECTIONS

NURSING EDUCATION: Miss A. J. Macleod, University of Alberta, Edmonton, Public Halth: Miss M. E. Kerr, Eburne, B. C. Private Duty: Miss M. Teulon, 1107 West 20th Ave., Van-

ADIAN NURSES ASSOCIATION

COUNCILLORS: Alberta: Miss F. J. Thomas, 617-14th.
St. S., Lethbridge. British Columbia: Mrs. J.
F. Hansom, 1178 Esquimalt Ave., West Vancouver. Manitoba: Miss C. Bourgeault, 561 Des.
Meurons St., St. Boniface. New Brunswick: Miss
Myrtle E. Kay, 21 Austin St., Moncton. Nova
Scotia: Miss Marie LeBlanc, St. Martha's Hospital Antigonish. Ontario: Miss Freda Fell, Apt.
101, 2745 Yonge St., Toronto. Prince Edward
Island: Miss M. Gamble, Albany R. R. No. 1,
Tyron. Quebec: To be appointed. Saskatchewan;
Miss Mary R. Chisholm, 805-7th Ave., Saskatoon.

toon.

PUBLIC HEALTH SECTION

CHAIRMAN: Miss M. B. Kerr, Eburne, B.C. Vice CHAIRMAN: Miss Isabel McDiarroid, 868 Lang-side St., Winnipeg. SECRETARY-TREASURER: Miss F. Young, Dept. of Nursing, University of British Columbia, Varicouver.

ouncillors: Alberta: Miss Audrey Dick, Ste. 26, Lorraine Apts., Calgary, British Columbia: Miss F. Innes, 1922 Adanac St., Vancouver, Manitoba: Miss F. King, Ste. 9, Greysolon Apts., Winnipeg, New Brunswick: Miss A. Burns, Health Centre, Saint John. Nova Scotia: Miss H. Macdonald, 21 Queen St., Sydney, Ontario: Miss G. Roes, 15 Queen's Park Cres., Toronto. Prince Edward Island: Miss Ruth Ross, Summerside, Quebec: To be appointed. Saskatchewan: Miss M. E. Pierce, Wolseley.

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss Rae Chittick, 815-18th Ave. W., President, Miss Rae Chittick, 815-18th Ave. W., Calgary; First Vice-Pres., Miss Blanche Emerson, 10182-100th St., Edmonton; Sec. Vice-Pres., Miss K. Connor; Secretary-Treasurer & Registrar, Mrs. A. E. Vango, St. Joseph's College, Edmonton; Councillors: Miss A. Young, Miss I. Johnson, Miss C. Clibborn; Chairmen of Sections: Private Duty, Miss F. J. Thomas, 617-14th St. S., Lethbridge; Nursing Education, Miss H. S. Peters, University Heapital, Edmonton: 14th St. S., Lethbridge; Nursing Education, Miss H. S. Peters, University Hospital, Edmonton; Public Health, Miss A. Dick, Ste. 26, Lorraine Apts., Calgary; Conveners of Committees: Legislation, Miss B. Emerson, Edmonton; The Canadian Nurse, Miss V. Chapman, Royal Alexandra Hospital, Edmonton; Nightingale Memorial, Miss K. G. Stackhouse, Royal Alexandra Hospital, Edmonton.

BRITISH COLUMBIA

Registered Nurses Association of British Columbia

Columbia

President, Miss M. Duffield, 1675 10th Ave., W., Vancouver; First Vice-President, Miss M. E. Kerr; Sec. Vice-President, Miss G. M. Fairley; Secretary, Miss F. H. Walker, 320 Vancouver Block, Vancouver; Registrar, Miss Helen Randal, 520 Vancouver; Registrar, Miss Helen Randal, 520 Vancouver; Miss H. Randal; Conderson, Sr. M. Gregory, Miss H. Randal; Conveners of Sections: Nursing Education, Miss A. S. Cavers, Vancouver General Hospital; Public Health, Miss F. Innes, 1922 Adanac St., Vancouver; Private Duty, Mrs. J. F. Hansom, 1178 Esquimalt Ave., West Vancouver: Press, Miss L. M. Drysdale, 1695 11th Ave., W., Vancouver. couver.

MANITOBA

Manitoba Association of Registered Nurses

Manitoba Association of Registered Nurses

President, Miss E. Mallory. Children's Hospital, Winnipeg; First Vice-Pres., Miss L. Lethbridge, General Hospital, Portage la Prairie;
Sec. Vice-Pres., Miss E. McDowell. Winnipeg
General Hospital; Hon. Sec., Mrs. H. Copeland.
Miserlordia Hospital, Winnipeg; Members of
Board: Mrs. V. Harrison, 98 Arlington St.,
Winnipeg; Miss E. Wilson, 668 Bannatyne Ave.,
Winnipeg; Miss M. Baird, 99 George St., Winnipeg; Miss E. Aitken, 220 Lanark St., Winnipeg; Major C. Chapman, Grace Hospital, Winnipeg; Rev. Sr. Theophane, St. Joseph's Hospital,
Winnipeg; Rev. Sr. Breux, St. Boniface
Hospital: Miss L. Vance, Brandon Mental Hospital; Mrs. H. Copeland, Misericordia Hospital,
Winnipeg; Miss W. Grice, St. Boniface
Out-Patient Dept.: Conveners of Sections:
Nursing Education, Miss E. McDowell, Winnipeg General Hospital; (Instructors Group), Miss Nursing Education, Miss E. McDowell, Winnipeg General Hospital; (Instructors Group). Miss D. Wishart, Victoria Hospital, Winnipeg; Private Duty, Miss C. Bourgeault, 561 Des Meurons St., St. Boniface; Public Health, Miss F. King, Ste, 9, Greysolon Apts., Winnipeg; Committee Conveners: Social, Miss L. Kelly, 753 Wolseley Ave., Winnipeg; Visiting, Miss J. Stothart, 220 Sherbrooke St., Winnipeg; Press, Miss F. Waugh, Winnipeg General Hospital; Membership, Miss A. Danilevitch, St. Boniface Out-Patient Dept; Library, Miss M. Warren, 64 Niagara St. Winnipeg; Nightingale Memorial Fund, Miss I. McDiarmid, 368 Langside St., Winnipeg; Representative to The Canadian Nurse, To be appointed; Secretary-Treasurer, Miss Gertrude Hall, 214 Balmoral St., Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Mrs. G. E., van Dorsser, Health Centre, Saint John; First Vice-President, Miss A. J. MacMaster; Second Vice-Pres., Miss M. Myers; Hon. Sec., Sister Kenny; Councillors: Miss E. R. Trafton, Fredericton; Miss S. Everitt. Moncton; Miss B. Hadrill, Newcastle; Miss H. Cahlll, Saint John; Miss R. Follis and Miss M. McMullen, St. Stephen; Miss E. M. Tulloch. Woodstock; Secretary-Treasurer-Registrar, Miss M. E. Retallick, 262 Charlotte St., West Saint John; Conveners of Sections: Nursing Education, Sister Kerr; Private Duty, Miss M. E. Kay; Public Health, Miss A. Burns; Conveners of Committees: Legislation, Miss B. L. Gregory: The Canadian Nurse, Miss L. Smith.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Mrs. Hope Mack, Nova Scotla Sanatorium, Kentville; First Vice-Pres., Miss K. Harvey, Middleton; Sec. Vice-Pres., Miss M. MacLellan, Digby: Third Vice-Pres., Miss A. Martin, City Hospital, Sydney; Rec. Sec., Mrs. D. J. Gillis, Windsor Jct.; Treasurer, Corresponding Secretary and Registrar, Miss Muriel Graham, 413 Dennis Bldg., Halifax; Representative to The Canadian Nurse, Miss Flora Anderson, General Hospital, Glace Bay.

ONTARIO

Registered Nurses Association of Ontario

President, Miss Jean L. Church; First Vice President, Miss M. I. Walker; Second Vice President, Miss G. Sharpe; Secretary-Trensurer, Miss Matilida E. Fitzgerald, Room 765, Physicians & Miss Matilda E. Fitzgerald, Room 765, Physickins & Surgeons Building, 86 Bloor Street, W., Toronto; Chairmen of Sections: Nurse Education, Miss N. M. Dulmage, Toronto General Hospital, Toronto; Private Duty, Miss Freda Fell, Apt. 101. 2745 Yonge Street, Toronto; Public Health, Miss G. Ross, 15 Queen's Park Crescent. Toronto; Chairmen of Districts: Miss L. Horwood, Miss W. Ashplant, Miss A. Boyd, Miss A. Bell, Miss H. Collier, Miss A. Ballle, Miss M. Black, Miss J. Smith, Miss D. Adams.

District 1

Chairman. Miss L. Horwood; Vice-Chairman. Miss J. Wilson; Sec-Treas., Miss L. Steele, 537 Talbot St., London; Councillors: Misses V. Drope, M. Baker, E. Orr, E. Precious, M. Thompson, D. Williamson, Mrs. J. Wilson; Conveners: Nurse Education, Miss M. McPhedran; Private Duty, Miss H. Parnell; Public Health, Mrs. F. Kennedy; Permanent Education, Mrs. H. Smith; Publications, Mrs. P. Soutar; Membership, Mrs. M. Elrick; Enrolment, Miss M. Fenner.

Districts 2 and 2

Chairman, Miss W. Ashplant: First Vice Chairman, Miss D. Arnold: Sec. Vice-Chairman, Miss V. Winterholt; Sec-Treas., Miss H. Muir. General Hospital, Brantford; Councillors: Misses Tregear, Larmon, Sehl, Trusdale, Mmea

Cowle, Hamilton; Conveners: Nursing Education, Miss S. Hallman: Public Health, Miss Hackett; Private Duty, Miss F. McKenzie.

District 4

Chairman, Miss A. Boyd; First Vice-Chairman, Miss M. Buchanan; See, Vice-Chairman, Miss E. Buckbee; Sec.-Treas., Miss G. Coulthart, 82 Balmoral Ave. S., Hamilton; Councillors: Sister Monica, Misses I. MacIntosh, A. Wright, D. Scott, C. Brewster, M. Cameron; Conveners: Private Duty, Miss S. Marray; Nursing Education, Miss H. Brown; Public Health, Miss A. Orani.

District 5

Chairman, Miss Alberta Bell: First Vice-Chairman, Miss J. Mitchell; Sec.-Treas., Mrs. C. Challener, 21 Sherwood Ave., Toronto; Councillors: Misses L. Webb, G. Jones, G. Sharpe, E. Williams, M. Wheeler, K. McNamara: Committee Conveners: Private Duty, Miss W. Worth; Nursing Education, Miss F. Thomas; Public Health, Miss E. Van Lane.

District 6

Chairman, Miss H. Collier; First Vice-Chairman, Miss I. Shaw; Sec. Vice-Chairman, Miss McKenzle; Sec.-Treas., Miss E. Sullivan, 27 Queen St., Belleville; Committee Conveners: Private Duty, Miss N. DiCola; Public Health, Miss Kenrney; Nursing Education, Miss E. Young; Membership, Miss N. Brown; Finance, Mrs. Holyman; The Canadian Nurse, Miss F. Fitz-grable

District 7

Chairman, Miss A. Baillie; Vice-Chairman, Miss E. Ardill; Sec-Treas., Miss E. Sharp, Kingston General Hospital; Councillors: Rev. Sr. Donovan, Misses E. Freeman, V. Manders, A. Church, E. Moffatt, MacIndoo; Conveners: Nurse Education, Miss L. Acton; Private Duty, Miss J. Biggar; Public Health, Miss D. Storms; Press Representative, Miss H. Babcook, Kingston General Hospital.

District 8

Chairman, Miss Molly Black; Vice-Chairman, Miss Mabel Stewart; Sec., Miss E. Webb, 126 Belmont Ave., Ottawa; Treas., Miss D. Lodge, Ottawa Civic Hospital; Councillors: Misses K. McIraith, J. Church, V. Belier, G. Ferguson, M. Lowy, Rev. Sr. Evangeline; Committee Conveners: Nurse Education, Miss B. McKerracher; Private Duty, Mrs. A. Fraser; Public Health, Miss F. Lyons; Cornwall Chapter, Mrs. Villeneuve; Pembroke Chapter, Rev. Sr. M. Evangeline. Evangeline.

District 9

Chairman, Miss J. Smith, Gravenhurst; First Vice-Chairman, Miss F. Kruger, Sudbury; Sec. Vice-Chairman, Miss K. MacKenzie, North Bay; Sec., Miss H. E. Smith. Box 905. New Liskeard; Treas., Miss R. Buchanan; Committee Conveners: Public Health, Miss W. Walker; Private Duty, Miss Clift; Nurse Education, Miss A. McGregor; The Canadian Nurse, Mrs. J. McCausland.

District 10

Chairman, Miss D. Adams, the Sanatorium, Fort William; Vice-Chairman, Miss Dorothy Rorke Sec.-Treas, Miss E. Crosson, General Hospital, Fort Arthur; Councillors: Misses M. Buss, D. Paul, D. Bianconi; Conveners: Nurse Education, Miss D. Riddell; Private Duty, Miss M. Boisseau; Public Health, Mrs. A. Ward; Membership, Miss I. Mourisen.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses

President, Miss Ina Gillan, 227 Kent St., Charlottetown; Vice-Pres., Miss Anna Mair, P. E. I. Hospital, Charlottetown; Secretary, Miss Bessle MacKenzie, P. E. I. Hospital, Charlottetown; Treasurer and Registrar, Rev. Sister Mary Magdalen. Charlottetown Hospital; Conveners of Sections: Private Duty, Miss Mildred Gamble, Albany R. R., No. 1, Tyron; Public Health, Miss Ruth Ross, Summerside; Nursing Education, Miss Anna Bennett, 102 Upper Prince St., Charlottelown. lottetown.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Bourd: Misses Jean S. Wilson, Marion Lindeburgh, Esther M. Beith, Rev. Soeur Jeanne St. Louis, Mile Edina Lynch, Mile Evelyne Gauvin; President, Misse Elleen C. Flanagan; Vice-President (English), Miss Mabel K. Holt; Vice-President (English), Miss Mabel K. Holt; Vice-President (Fench), Rev. Soeur Valérie de la Sagesse; Honourary Secretary, Mile Sunanne Giroux; Honourary Treasurer, Miss Catherine M. Ferguson; Members without Office: Misses Margaret L. Moag, Fanny Munroe, Miles Maria Roy, Juliette Trudel, Alice Albert; Conveners of Sections: Private Duty (English), To be appointed; Private Duty (French), Mile Anne-Marie Robert, 5484A rue St. Denis, Montreal: Nursing Education (English), Miss Martha Batson, Montreal General Hospital; Nursing Education (French), Rév. Soeur Hébert, Hôtel-Dieu de St. Joseph, Montreal; Public Health (English) Miss Kathleen A. Dickson, Royal Edward Institute, Montreal; Public Health (Erench), Mile Annonciade Martineau, Dept. of Health, City of Montreal; Board of Ezominers: Miss Olga V. Lilly (Convener), Misses Flora Alleen George, Katie S. Annesley, Madeleine Flander. Miles Alexina Marchessault, Anysle Deland, Suzanne Giroux; Executive Secretary, Registrar and Official School Visitor, Miss E. Frances Upton, Room 1019, Medical Arts Bidg., 1588 Sherbrooke St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

(Incorporated, 1917)

President, Miss Ann Morton, Weyburn; First Vice-President, Miss M. Diederichs, Regina Grey Nuns Hospital; Second Vice-President, Miss E. Amas, Saskatoon City Hospital; Councillors: Rev. Sister O'Grady, St. Paul's Hospital, Saskatoon; Miss M. Ingham, Moose Jaw General Hospital; Conveners of Standing Committees: Private Duty, Miss Mary R. Chisholm, 805-7th Ave., N., Saskatoon; Nursing Education, Miss May E. Reid, St. Paul's Hospital, Saskatoon; Public Health, Miss M. Pierce, Wolseley; Secretary-Treasurer, Registrar and Advisor, Schools for Nurses, Miss K. W. Ellis, University of Saskatchewan, Saskatoon.

Regina Registered Nurses Association

Hon. Pres., Miss A. F. Lawrie; Pres., Miss M. Diederichs; First Vice-Pres., Miss M. Glew; Sc., Miss E. Welsh. 2204 Wallace St.; Committee Conveners: Registry, Miss H. Jolly; Membership, Miss F. Walliser; Entertainment, Miss Peterson; Nursing Education, Miss M. Zens; Private Duty, Miss R. Wonny; Public Health, Miss L. Lynch; Registrar & Treasurer, Miss L. Dahl.

Alumnae Associations

ALBERTA

A. A., Calgary General Hospital

Honourary President, Miss S. MacDonald; President, Mrs. T. L. O'Keefe; First Vice-President, Mrs. M. Caffery; Second Vice-President, Miss M. Frew; Corresponding Secretary, Miss E. Swift, 1430—6th St. N. W.; Treasurer, Miss M. Carlson, 112-10th Ave., N.W.; Press Correspondent, Mrs. L McPhee.

A. A., Holy Cross Hospital, Calgary

President, Mrs. M. E. Drinkwater; First Vice-President, Miss Louise Thorne; Second Vice-President, Mrs. McQuade; Secretary, Miss Claudia Tennant, Holy Cross Hospital; Recording Secretary, Miss Myrtle Pollock; Treasurer, Mrs. Elaine S. Clarke.

. Edmonton General Hospital, Edmonton

Hon. Pres., Rev. Sr. Fortin, Rev. Sr. Bonnin; Pres., Mrs. R. McKee; First Vice-Pres., Miss B. Beltsch; Sec. Vice-Pres., Mrs. A. Mitchell; Sec., Miss B. Holden; Corr. Sec., Mrs. R. J. Price, 10549—79 Ave.; Treas., Miss E. Carbol; Committees: Visiting, Misses M. Spier, E. Waltz; Standing, Misses J. Ungarian, M. Munroe, R. Chickloski, Mmes D. Steele, M. Leask.

A. A., Royal Alexandra Hospital, Edmonton

Hon. Pres., Miss M. Fraser; Pres., Mrs. J. F. Thompson; First Vice-Pres., Miss J. Davidson; Sec. Vice-Pres., Mrs. R. Boyd; Rec. Sec., Miss K. Stackhouse; Corr. Sec., Miss A. E. Graham, Royal Alexandra Hospital; Treas., Miss A. Lysne; Committee Conveners: Programme, Mrs. Ellwell; Visiting, Miss I. Johnson; Social, Miss M. Policha; News Letter, Miss V. Chapman; Executive: Miss A. Anderson, Miss G. Austin, Mrs. Brennan; Benefit, Miss M. Griffith; Scholarship, Miss L. Elnarson.

A.A., University of Alberta Hospital, Edmonton

Hon. Pres., Miss H. Peters; Pres., Miss K. Chapman; Vice-Pres., Miss M. Trowbridge; Rec. Sec., Mrs. D. Payment; Corr. Sec., Miss M. Strachan, University Hospital; Treas., Miss D. Duxbury, University Hospital; Executive Committee: Misses M. Loggin, E. Campbell, N. Connolly.

A.A., Lamont Public Hospital, Lamont

Honourary President, Mrs. R. E. Harrison; President, Mrs. R. H. Shears; First Vice-President, Mrs. G. Archer; Second Vice-Pres-ident, Mrs. G. Harrolld; Secretary-Treasurer, Mrs. B. I. Love. Elk Island National Park, Lamont; News Editor, Mrs. Peterson. Hardisty; Convener, Social Committee, Miss C. Stewart.

BRITISH COLUMBIA

A.A., St. Paul's Hospital, Vancouver

Hon. Pres., Rev. Sr. M. Philippe; Hon. Vice-Pres., Rev. Sr. M. Columkille; Pres., Miss M. Jacobson; Vice-Pres., Miss M. Diebolt; Sec., Miss M. Lanegraff, Nurse's Registry St. Paul's Hosp.; Registrar, Rev. Sr. M. Columkille; Treas., Miss D. McKay; Committee Conseners: Social, Miss J. Gillis; Programme, Mrs R. Brown; Press, Miss M. Lang; Visiting, Miss K. Flahiff; Mutual Benefit, Miss Clements; Rep. to The Canadian Nurse, Miss Harkness.

A.A., Vancouver General Hospital, Vancouver

A.A., Vancouver General Hospital, Vancouver
Hon. Pres., Miss G. Fairley; Pres., Miss Alison
Reld; First Vice-Pres., Miss M. Minor; Sec. VicePres., Miss E. Nelson; Rec. Sec., Miss M. Lightly;
Corr. Sec., Miss E. Ketchum, 1009 W. 10th Ave.;
Treas., Miss L. Creelman; Committee Convenerse
Visiting, Mrs. J. R. Christie; Social, Mrs. G. B.
Gillies; Refreshment, Miss A. Wakefield; Programme, Mrs. A. Grundy; Membership, Miss J.
Davenport; Reps. to: Press, Miss E. Monteith;
Mutual Benefit Association, Miss P. Sherwood.

A.A., Royal Jubilee Hospital, Victoria

President, Mrs. J. H. Russell; First Vice-President, Miss M. Dickson; Sec. Vice-President, Mrs. Mullard; Secretary, Miss E. Rossiter, Royal Jubilee Hospital; Treasurer, Mrs. Van Horne, 920 Southgate St. Committee Conveners: Social, Mrs. Tucker; Visiting, Miss F. Fergusen; Press, Miss Laternal Mrs. Tucker; F Miss Latornell.

A.A., St. Joseph's Hospital, Victoria

Hon. Pres., Sr. M. Alfreda; Hon. Vice-Pres., Sr. M. Gregory; Pres., Mrs. E. Corbett; First Vice-Pres., Mrs. M. Glimore; Sec. Vice-Pres., Miss M. Murphy; Rec. Sec., Miss H. Crulckshank. 910 Market St.; Corr. Sec., Miss L. Duggan; Treas., Miss F. Crampton; Councillors: Mmes. F. Bryant, J. Moore. I. Moore, Miss H. Barrow; Press, Mrs. E. Gandy; Visiting, Misses D. Dixon, A. Osborne-Smith.

MANITOBA

A.A., St. Boniface Hospital, St. Boniface

A.A., St. Boniface Hospital, St. Boniface
Hon. President, Rev. Sister Krause; Hon.
Vice-President, Mrs. F. Crosby; President, Miss
K. McCallum; First Vice-President, Miss A. Danilevitch; Corr. Secretary, Mrs. F. Eastwood, Ste.
2, Scarsdale Apts. Winnipeg; Rec. Sec., Miss
M. Prestay; Treas., Miss J. Rudy; Committee
Conveners: Social, Miss M. Maloney; Membership, Miss I. Pennock; Press, Mrs. F. Evans;
Visiting Miss T. Schmidt; Representatives to:
M.A.R.N., Miss J. Parenteau; The Canadian
Nurse, Miss J. Toupln; Directory Committee
of M.A.R.N., Miss S. Johnson; Local Council
of Women, Mrs. Shankman.

A.A., Children's Hospital, Winnipeg

Honourary President, Miss E. Mallory; President, Mrs. E. Robson; Vice-President, Mrs. A. Noble: Recording Secretary, Miss B. Thain; Corresponding Secretary, Miss H. Hahr. Nurses' Residence. King George Hospital; Trensurer, Miss D. Ditchfield.

A.A., Misericordia Hospital, Winnipeg

Hon. President, Sister St. Bertha; President, Miss D. Bateman; Vice-President, Miss M. Ego; Sec. Miss L. Finlay, 28 Fairhaven Apis.; Treas, Miss E. Frye; Chairman, Executive Committee, Miss E. Shouldice; Committee Conveners: Visiting, Miss C. Bodin; Refreshment, Miss S. O'Brien; Directory, Miss V. Blaine; Publicity Agent, Miss H. Hilton.

A.A., Winnipeg General Hospital, Winnipeg

Honourary President, Mrs. A. W. Moody; President, Miss Isabel McDiarmid, Winnipeg General Hospital; First Vice-President, Miss Constance Lethbridge; Second Vice-President, Miss T. Wiggins; Third Vice-President, Miss E. Wilson; Rec. Sec., Miss V. Hannan; Corr. Sec., Miss C. Dawson, Winnipeg General Hospital; Treas., Miss G. Gourley, 230 Oxford Street; W. Mood, d. Winnipeg Miss Committee Conveners: Program, Mrs. W. H. Anderson, 9 B. Locarno Apts.; Membership, Miss Florence Stratton, Winnipeg General Hospital; Jubilee, Miss E. Wilson; Journal, Mrs. W. G. Beaton, 802 Montrose St.; Archivist, Miss Lorraine Miller, 17 Lindberg Apts.; Visiting, Mrs. Cecil Hutchinss, 16 Diana Crt.; Reps. to: Training School, Miss Gertrude Hall, 214 Balmoral St.; Central Directory, Miss Doreen McGuinness; Local Council of Women, Miss M. McGilvrey, 22 Willingdon Apts.; Council of Social Agencies, Miss Bertha McClung; The Canadian Nurse, Miss Dorothy Hibbard, Winnipeg General Hospital.

NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

Hon. Pres., Miss E. Mitchel; Pres., Mrs. G. Lewin; First Vice-Pres., Mrs. H. Ellis; Sec. Vice-Pres., Miss S. Hartley; Sec., Miss S. Turnbull, Saint John General Hospital; Treas., Miss R. Wilson; Committee Conveners: Entertainment, Mines O. Fowler, R. Dick, Miss M. Barker; Refreshments, Mrs. L. Dunlop, Miss A. Carney; Flower, Mrs. F. McKelvey, Miss A. Carney.

A.A., L.P. Fisher Memorial Hospital, Woodstock

President, Mrs. W. B. Manzer; Vice-President, Miss Lucy Ward; Secretary, Mrs. Elmer Arnold, Connell Street, Woodstock; Treasurer, Mrs. G. Fred Dunham, Water Street, Woodstock; Executive Committee: Mrs. Bruce Sutton, Miss Margaret Parker, Miss B. Carleton.

NOVA SCOTIA

A.A., Glace Bay General Hospital, Glace Bay

Pres., Mrs. G. Turner, Water St.; First Vice-Pres., Mss R. MacDonald; Sec. Vice-Pres., Mrs. J. Kerr; Treas., Miss C. Roney, Shepherd St.; Rec. Sec., Miss A. MacDonald, 8 Kent St.; Corr. Sec., Mrs. L. Buffett, South St.; Conveners of Committees: Executive, Miss D. Mac-Leod; Visiting, Mrs. H. Spencer; Finance, Miss F. Anderson; The Canadian Nurse, Miss D. MacLeod.

A.A., Halifax Infirmary, Halifax

Pres., Miss Hilda Harnish; Vice-Pres., Miss M. K. McDonell; Rec. Sec., Miss D. McDonald; Corr. Sec., Miss A. Frances Jackson, 7 Rose St., Dartmouth; Treas., Miss G. Leon, 286 Oxford St.; Committee Conveners: Visiting, Miss C. MacKinnon; Entertainment, Miss M. MacDonald; Press, Miss L. Dockrill; Nominating, Miss D. Turner.

A.A., Victoria General Hospital, Halifax

Pres., Miss Agnes Cox, Tuberculosis Hospital; Vice-Pres., Mrs. E. MacQuade; Sec., Miss Grace Porter, 267 South St., Treas., Miss Helen Joncas, Victoria General Hospital; Committee Conveners: Entertainment, Misses M. Ripley, A. Power; Refreshments, Misses Greig, Gervalse; Visiting, Misses G. Byers, H. Watson; Private Duty, Miss Isobel MacIntosh.

ONTARIO

A.A., Belleville General Hospital, Belleville

Pres., Miss M. Fitzgerald; First Vice-Pres., Miss D. Williams; Second Vice-President, Miss M. Peacock; Secretary, Miss L. Smith, 161 Dufferin St., Treasurer & Registrar, Miss K. Brickman; Flover Convener, Miss E. Wright; Social Convener, Miss F. Fitzgerald; Now. Committee, Misses Sullivan, Soutar, Donnelly; Rep. to The Canadian Nurse & Press, Miss H. Collier.

A.A., Brantford General Hospital, Brantford

Hon. Pres., Miss E. McKee; Pres., Miss E. Morganroth; Vice-Pres., Miss F. Morrison; Sec., Miss O. Pickell, Dufferin Apts., Dufferin Ave.; Ass. Sec., Miss M. Brown; Treas., Mrs. E. Billo; Committee Conveners: Social, Mines A. Grierson, W. Riddolls; Flower, Misses M. Copeland, M. Gillespie, K. Duncombe; Gift, Mrs. B. Claridge, Miss H. Muir; Representative to The Canadian Nurse and Press, Miss E. Lewis; The Local Council of Women, Miss P. Cole; Private Duty Section, Miss E. Scott.

A.A., Brockville General Hospital, Brockville

Hon. Presidents, Misses A. Shannette, E. Moffatt; Pres., Mrs. M. White; First Vice-Pres., Miss H. Holtby; Sec. Vice-Pres., Mrs. W. Cooke; Sec., Miss H. Corbett, 127 Pearl St., E.; Ass. Sec., Mrs. E. Finlay; Treas., Mrs. H. Vandusen; Committee Conveners: Social, Mrs. H. Green; Flower, Miss N. Louch; Programme, Mrs. M. Derry; Rep. to The Canadian Nurse, Miss H. Corbett.

A.A., Public General Hospital, Chatham

Hon. President, Miss Priscilla Campbell; President, Miss Alma Jennings; First Vice-President, Miss Lillian Hastings;; Second Vice-President, Miss Elleda Mummery; Recording Secretary, Miss Frances Houston; Corresponding Secretary, Miss Miss Purcell, 14 Forest Street; Treasurer, Miss Winnifred Fair.

A.A., St. Joseph's Hospital, Chatham

Hon. Pres., Mother M. Pascal; Hon. Vice-Pres., Sr. M. Thecla; Pres., Miss Letty Pettyprice; First Vice-Pres., Miss Mary Doyle; Sec.-Treas., Miss May Boyle, 30 West St.; Corr. Sec., Miss Anne Kenny, 1 Grand Ave.; Representatives to: R.N.A.O., Mrs. Constance Salmon; The Canadian Nurse, Miss Hazel Gray.

A.A., Cornwall General Hospital, Cornwall

Honourary President. Miss H. C. Wilson; President, Mrs. J. Symmonds; First Vice-President, Miss S. Naudett; Second Vice-President, Miss E. Allen; Secretary-Treasurer, Miss G. Rawl, Cornwall General Hospital; Representative to The Canadian Nurse, Miss Isabel MacMillan.

A.A., Galt Hospital, Galt

Hon. President, Miss M. F. Bliss; President, Miss S. Mitchell; First Vice-President, Mrs. D. Scott; Secretary, Miss M. Nash, 115 Barrie St.; Treasurer, Miss E. Hopkinson, General Hospital; Press Representative, Mrs. J. Byrne; Flower Committee: Misses M. Murray, L. MacNair.

A.A., Guelph General Hospital, Guelph

Honourary President, Miss S. A. Campbell; President. Miss L. Ferguson; Secretary, Miss M. Norrish. Cuelph General Hospital; Treasurer, Miss L. Featherstone; Representative to The Canadian Nurse, Miss E. Liphardt.

A.A., St. Joseph's Hospital, Guelph

Honourary President, Sr M. Augustine; Honourary Vice-President, Sr. M. Geraldine; President, Miss Mary Heffernan; Vice-Pres., Miss E. Murphy; Rec. Sec., Miss H. McGillivray; Corr. Sec., Miss M. Meagher, 19 Green St.; Treas.,

Miss D. Milton; Convener of Social Committee, Miss A. McComb; Rep. to The Canadian Nurse, Miss M. Meagher.

A.A., Hamilton General Hospital, Hamilton

Hon. President, Miss C. E. Brewster; President, Miss I. Mayall; First Vice-President, Miss M. Watt; Second Vice-President, Miss M. Watson; Recording Secretary, Miss E. Ferguson, E Graham Ave. S.: Treasurer, Miss N. Coles, 499 Main St., East; Secretary-Treasurer, Mutual Benefit Association, Miss M. Jarvis, 108 Wellington St., South; Committee Conveners; Executive, Miss E. Bingeman; Programme, Miss M. Suckling; Flower and Visiting, Miss G. Servos; Budget, Miss H. Aitken.

A.A., St. Joseph's Hospital, Hamilton

Hon. President, Sister M. Alphonsa; Hon. Vice-Pres., Sister M. Monica; President, Miss E. Quinn; Vice-Pres., Miss A. Williams; Secretary-Treasurer, Miss Lena Curry, 52 North Oval St.; Representatives to: R.N.A.O., Miss Lucas, 125 Bold St.; The Canadian Nurse, Miss Doris Bunku.

A.A., Hôtel-Dieu, Kingston

Hon. Presidents, Rev. Mother Superior, Mrs. W. Elder; Pres., Mrs. W. H. Lawler; First Vice-Pres., Mrs. C. Kellar; Sec. Vice-Pres., Mrs. L. Burns; Sec., Miss M. Flood, 380 Brock St.; Treas., Miss E. Hinch; Commattees: Executive: Mines Elder, Ahern. McDonald, Fallon, Miss McGarry; Membership, Rev. Sr. M. Immaculata, Miss L. McGuire; Social, Misses J. Carty, M. Hinch; Visiting, Misses M. Quigley, J. Couller.

A.A., Kingston General Hospital, Kingston

Honourary President, Miss Louise Acton; President, Miss Margaret Blair; First Vice-President, Mrs. J. C. Spence; Second Vice-President, Mrs. Attack; Secretary, Miss Evelyn Park, K. G. H.; Trensurer, Mrs. C. W. Mailory, 176 Alfred St.; Press Representative, Miss H. Babcook, K. G. H.

A.A., Kitchener and Waterloo General Hospital, Kitchener

Hon. Pres., Miss K. W. Scott; Pres., Miss Thelma Sitler; First Vice-Pres., Miss J. Collins; Sec. Vice-Pres., Miss R. Bagshaw; Sec., Miss V. Eveleigh, 21 Wellington St., Kitchener; Treas., Miss E. Gilmour, 89 Wood St., Kitchener; Committee Conveners: Programme, Miss H. Murdock; Flower, Misses A. Farmer, M. McManus; Rep. to The Canadian Nurse, Miss A. Leslie.

A.A., St. Mary's Hospital, Kitchener

Honourary President. Rev. Sr. M. Gerrard; President. Miss F. McKenzie; Vice-President, Miss E. Disch; Recording Secretary, Mrs. Nellie Schmidt; Corresponding Secretary, Miss H. Stumpf, 67 Menno St., Waterloo; Treasurer, Miss R. Massel.

A.A., Ross Memorial Hospital, Lindsay

Hon. Pres. Miss E. S. Reid; Pres., Miss F. Moffat; First Vice-Pres., Mrs. Thurston; Sec. Vice-Pres., Mrs. U. Cresswell; Sec., Mrs. H. Moebus, 67 Bond St.; Treas., Mrs. Rutherford; Committee Conveners: Programme, Misses Lehigh, Stewart; Refreshments, Misses-Hickson, Flett; Flowers, Miss A. Irvine; Press, Miss D. Wilson; Red Cross Supply, Miss Flett.

A.A., St. Joseph's Hospital, London

Hon. Pres., Mother M. Theadore; Hon. Vice-Pres., Sister M. Ruth; Pres., Mise C. Godin; First Vice-Pres., Mirs. I. Stewart; Sec. Vice-Pres., Mis. C. Griffin; Corr. Sec., Miss P. Dunn, 308 Oxford St.; Rec. Sec., Miss P. Lombardo; Treas., Miss M. Stoner; Committee Conveners; Social, Misses M. Sullivan, J. Fuller; Finance, Misses I. Griffin, B. Bowles; Reps. to: Registry, Misses M. Baker, K. McIntyre; Press, Miss B. Godin.

A.A., Victoria Hospital, London

Hon. President, Miss H. M. Stuart; Hon. Vice-President, Mrs. A. E. Silverwood; President. Miss I. Sadleir; First Vice-Pres., Miss M. S. Smith; Sec. Vice-Pres., Miss F. Kauth; Recording Secretary, Mrs. M. Hatcher; Corresponding Secretary, Mrs. T. Gerrard. 68 Colborne St.; Treas., Mrs. N. H. Crawford; Publications, Misses F. Quigley, R. West.

A.A., Niagara Falls General Hospital, Niagara Falls

Hon. Pres., Miss M. Park; Pres., Miss Marguerite Bailey; Hon. Vice-Pres., Miss M. Buchanan; First Vice-President. Mrs H. Mylchreest; Sec. Vice-Pres., Miss R. Livingstone; Sec. Treas., Miss E. Landry, 81 McRae St.; Corr. Sec. Miss Jean McNally; Committee Conveners: Visiting, Miss R. Thompson; Educational, Miss J. Lambe; Membership, Miss M. LeMay; Representative to The Canadian Nurse & R.N.A.O., Mrs. D Reynolds.

A.A., Orillia Soldiers' Memorial Hospital, Orillia

Honourary Presidents, Miss E. Johnston, Miss O. Waterman; President, Miss Beatrice McFadden; Vice-President, Miss C. McDougall; Secretary-Treasurer, Miss Vivien Gray, 60 Peter St. S.; Board of Directors: Miss M. McLelland, Miss S. Dudenhoffer, Mrs. C. G. Kirkpatrick.

A.A., Oshawa General Hospital, Oshawa

Hon. Presidents, Misses E. MacWilliams, B. Bell; Pres., Miss B. Gay; First Vice-Pres., Miss A. Sonley; Sec. Vice-Pres., Miss L. McKnight: Sec., Mrs. W. Edwards, 79 Ritson Rd., N.; Corr. Sec., Miss E. Dent; Treas., Miss C. Meadows: Committee Conveners: Private Duty, Miss M. An derson; Social, Mrs. R. Nesbitt; Programme, Miss E. MacWilliamson; Rep. to The Canadian Nurse, Miss M. Quinn.

A.A., Lady Stanley Institute (Incorporated 1918)

Hon. President, Miss M. A. Catton; Hon. Vice Presidents, Mrs. W. S. Lyman, Miss F. Potts; President, Mrs. W. E. Caven; Vice-Pres., Miss C. Pridmore; Secretary, Mrs. A. E. Mahood, 160 Metcalfe St.; Treas., Mrs. R. Gisbourne; Board of Directors: Mrs. G. C. Bennett, Misses M. McNiece, C. Flack, E. McGibbon; Committee Conveners: Flowers, Miss E. Booth; The Canadian Nurse, Miss V. Boles; Press, Miss H. Falls; Representatives to Central Registry, Misses M. Slinn, E. Curry.

A.A., Ottawa Civic Hospital, Ottawa

Hon. President, Miss G. M. Bennett; President, Miss M. Downey; First Vice-Pres., Miss D. Ogilvie; Second Vice-Pres., Miss G. Wilson; Corr. Sec., Miss C. Wilcox, Ottawa Civic Hospital; Rec. Sec., Miss B. Blair; Treasurer, Miss D. Johnston, 58 Holland Ave.; Councilors: Misses F. McLeod, E. Coon, F. Dodge, M. Steen, E. Graham, I. Joyce; Committee Conveners: Flowers, Miss A. Geldert; Visiting, Miss K. McLean, Mrs. E. Young: Press, Miss G. Froats; Representatives to Central Registry: Misses R. Alexander.

E. Mulligan, E. Carnohan, O. Bradley, C. McLeod.

A.A., Ottawa General Hospital, Ottawa

Hon. President, Rev. Sr. Flavie Domitilie; President, Miss M. Landreville; First Vice-Pres. Miss A. Proulx; Sec. Vice-Pres., Miss J. Stock; Secretary-Treasurer, Miss L. Brulé, § 5 Glen Ave.; Cosnecillors; Rev. Sr. Flavie, Misses R. Therien, J. LaRochelle, A. Clark M. Prindiville, Mrs. A. B. Kavanagh; Membership Secretary, Miss I. Rogers; Representatives to: The Central Repistry, Misses F. Nevins, L. Keeney, M. Landreville; D.C.C.A., Miss F. Lyons; The Canadian Nurse, Miss J. Mulvihill.

A.A., St. Luke's Hospital, Ottawa

Hon. Pres., Miss E. Maxwell, O.B.E.; Pres., Miss K. McIlraith; Vice-Pres., Mrs. W. Johnston; Sec., Miss Isobel Allan, 86 Hinton St.; Treas., Miss M. Maclaren, 250 Cooper St.; Representatives to: Press, Mrs. H. J. Code; Central Registry, Misses N. Lewis, D. Brown; Local Council of Women & The Canadian Nurse, Miss G. Woods

A.A., Owen Sound General and Marine Hospital, Owen Sound

Honourary Presidents, Miss E. Webster, Miss R. M. Beamish; President, Miss P. Ellis; First Vice-President, Miss Florence Rusk; Secretary-Treasurer, Mrs. Chas. W. Johnston, 288-11th Street, West; Representative to R.N.A.O., Miss O. Bellamy.

A.A., Nicholls Hospital, Peterborough

Hon. Pres., Mrs. E. M. Leeson; Pres., Mrs. F. E. A. Breckenridge; First Vice-Pres., Miss F. Vickers; Second Vice-Pres., Mrs. Gordon Powell; Rec. Sec. Mrs. Walter Jones, 416 Rubidge St.; Corresponding Secretary, Miss Annie Mackensie; Treas., Miss Daisey Reid, 156 Wolseley St.; Social Convener, Mrs. Irison Walker; Flower Convener, Miss F. Vickers.

A.A., St. Joseph's Hospital, Port Arthur

Hon. President, Rev. Mother Dympna; Hon. Members. Graduate Sisters; Pres.. Miss Vera Bellus; Vice-President, Mrs. W. McLeod; Sec., Miss Edna Papoulis. 427 Simpson Street, Fort William; Treas., Miss E. Cunningham; Executive: Misses I. Hamer, M. McCartney, B. Byzinski, M. Gillick, R. Garland; Press Correspondent, Mrs. C. H. Chase.

A.A., Sarnia General Hospital, Sarnia

Hon. Pres., Miss D. Shaw; Pres., Miss I. Mac-Lean; Vice-Pres., Miss A. McMillen; Sec., Miss J. Anderson, 230 Cromwell St.; Treas., Miss J. Cairns; Committee Conveners: Alumae Room, Miss D. Shaw; Programme, Mrs. D. Jones; Social, Miss L. Barwise; The Canadian Nurse, Mrs. S. Elrick; Flowers, Miss M. Thompson; Press, Miss G. McCready; Study Club, Miss J. Cairns.

A.A., Stratford General Hospital, Stratford

Honourary President, Miss A. M. Munn: President, Miss Murdeen MacKenzie: Vice-President, Miss Alice Balley: Secretary-Treasurer, Miss Dorothy Craig, General Hospital: Commit-

tee Conveners: Social, Miss Dorothy Watson: Flowers and Gifts. Miss Mildred Scott.

A.A., Mack Training School, St. Catharines

Hon. Presidents, Misses Wright, Hughes, Hibbard, Kelman; Pres., Miss E. Purton; First Vice-Pres., Mrs. G. Talbot; Sec. Vice-Pres., Miss G. Lewis; Sec. Miss N. Culp. St. Catharines General Hospital; Treas., Miss E. Fischer; Committee Comveners: Programme, Miss E. Buchanan; Social, Miss F. Richardson; Representative to The Canadian Nurse, Miss A. Ebbage; Correspondent, Miss H. Brown.

A.A., Amasa Wood Memorial Hospital, St. Thomas

Hon. Pres., Miss J. M. Wilson; Hon. Vice-Pres., Miss F. Kudoha; Pres., Miss A. Claypole; First Vice-Pres., Miss E. Stoddern; Sec., Miss I. Blewett; Corr. Sec., Miss E. Dodds, 35 Wellington St.; Treas., Miss I. Garrow; Committee Conveners: Social, Mrs. Laidlaw; Red Cross, Miss C. Robertson; Ways & Means, Miss E. Jewel; Reps. to: R.N.A.O., Miss M. May; Press, Miss E. Miller.

A.A., The Grant Macdonald Training School for Nurses, Toronto

Honourary President, Miss Pearl Morrison; President, Miss Phyllis Lawrence; Vice-President, Miss Ella Green; Recording Secretary. Mrs. M. Smith, 130 Dunn Ave.; Corresponding Secretary, Miss Ivy Ostic, 130 Dunn Ave.; Treasurer, Miss M. Zufelt; Social Convener: Miss B. Langdon.

A.A., Hospital for Sick Children, Toronto

Hon. Presidents, Mrs. Goodson, Miss F. J. Potts, Miss K. Panton, Miss P. B. Austin, Miss Masten; Pres., Mrs. E. Chadwick; First Vice-Pres., Mrs. A. W. Russell; Sec. Vice-Pres., Miss M. Francis; Rec. Sec., Miss M. Fletcher; Corr. Sec., Miss H. McGeary, 140 Wellesley Cres., Apt. 29; Treas., Mrs. Douglas Russell, 117 Lascelles Blvd.; Assist, Treas., Miss Lucy Ashton, H.S.C

A.A., Riverdale Hospital, Toronto

Pres., Miss B. Lowrie; First Vice-Pres., Miss G. Gastrell; Sec. Vice-Pres., Miss M. Thompson; Sec., Miss L. Staples, Riverdale Hospital; Treas., Miss Betteridge; Committee Conveners: Programme, Miss K. Mathieson; Visiting, Mrs. Spreeman, Miss M. Thompson; Press & Publication, Miss E. Breeze; Reps. to; R.N.A.O., Miss J. Forbes; The Canadian Nurse, Miss A. Armstrong

A.A., St. John's Hospital, Toronto

Hon. Pres., Sister Beatrice; Pres., Miss R. Smithett; First Vice-Pres., Mrs. P. E. Thring; Sec. Vice-Pres., Miss V. Mountain; Sec., Miss H. Frost; Corr. Sec., Miss M. Martin. St. Johns Convalescent Hospital, Newtonbrook; Treas., Miss M. Draper; Committee Conveners: Social, Mrs. C. Kerr; Visiting, Miss L. Richardson: Press, Miss J. Vanderwell.

A.A., St. Joseph's Hospital, Toronto

Hon. Pres., Rev. Sr. M. Electa; Pres., Miss T. Hushin; First Vice-Pres., Miss C. Pearson; Rec. Sec., Miss F. Phillips; Corr. Sec., Miss C. McQuillan, 91 Fern Ave.; Treas., Miss M. Heydon; Councillors: Misses L. Dunbar, M. McDonald, M. McMahon, R. Doyle; Reps. to: R.N. A.O., Miss T. Hushin; Private Duty, Misses F. Phillips, A. Hymus, M. Goodfriend.

A.A., St. Michael's Hospital, Toronto

Pres., Miss Marie Pilon; First Vice-Pres., Miss D. Lane; Sec. Vice-Pres., Miss B. Quilty; Rec. and Corr. Secretary, Miss M. Robertson; Treas., Miss Caire Cronin; Assist. Treas., Miss K. Meagher; Councillors: Misses L. Regan, H. Hyland, R. McQuade; Committee Conveners: Press, Miss K. Walsh; May. Editor, Miss Barbara Grant; Assoc. Membership, Mrs. Slingerland; Reps to: Nursing Education Section, Miss Grace Murphy; Public Health Section, Miss Dorine Murphy. Murphy.

A.A., School of Nursing, University of Toronto, Toronto

Hon. Pres., Miss E. K. Russell; Hon. Vice-Pres., Miss F. H. Emory; Pres., Mrs. M. W. McCutcheon; First Vice-Pres., Miss M. Mac-farland; Sec. Vice-Pres., Miss L. Horton; Sec., Miss M. Tresidder. 1910 Bathurst St.; Treas., Miss H. Linton; Committee Conveners: Programme, Miss J. Wilson; Social, Miss E. Van Lane; Membership, Miss E. Greenwood; Special Fund, Miss E. Fraser.

A.A., Toronto General Hospital, Toronto

Hon. Pres., Miss Jean I. Gunn; Hon. Vice-Pres., Miss H. G. R. Locke; Pres., Mrs. E. S. Jeffrey; First Vice-Pres., Miss C. Vale; Sec. Vice-Pres., Miss J. Wilson; Sec.-Treas., Mrs. F. B. G. Coombs, 1585 Bloor St., W.; Councillors: Mrs. W. A. McTavish, Misses M. Henderson, R. Jennings, B. Beyer; Committee Conveners: Programme, Miss M. Fry; Social, Miss D. Lake; Flower, Miss E. Forgle; Press. Mrs. R. B. Laird; Archivist, Miss J. M. Kniseley; "The Quarterly", Mrs. H. E. Wallace.

A.A., Training School for Nurses of the Toronto East General Hospital with which is incorporated the Toronto Orthopedic Hospital, Toronto

Hon. Pres., Miss E. McLean; Pres., Mrs. McTear; Sec., Miss M. Hall, 357 Glebeholme Blvd.; Treas., Miss E. Kettles. Toronto East General Hospital; Committee Conveners; Programme, Miss H. Louis; Social, Miss F. Kane; Membership, Miss McMaster; Convener, Auxiliary for War Work, Miss E. Campbell; Reps. to: R.N. A.O., Miss B. Jackson; The Canadian Nurse & Press, Miss Carefoot.

A.A., Toronto Western Hospital, Toronto

Hon. Presidents, Miss B. Ellis, Mrs. C. J. Currie; President, Miss Grace Paterson; Vice-President, Mrs. Douglas Chant; Corresponding Secretary, Miss A. Needham, 165 Clendenan Ave.; Recording Secretary, Miss I. Butler; Treasurer, Miss Gladys Sharpe, Western Hospital; Representative to The Canadian Nurse, Miss J. Wallace.

A.A., Wellesley Hospital, Toronto
Pres., Miss G. Bolton; First Vice-Pres., Miss
M. Stanton; Sec. Vice-Pres., Miss J. Harris;
Corr. Sec., Miss A. Solomon, 2 Linden St.; Rec.
Sec., Miss M. Boag; Treas., Miss G. Shler; Treas.
for Sick Benefit Fund, Miss H. Singer; General
Committee: Misses E. Cowan, F. Smith, A. Steele,
H. Wark, Mmes McMichael, J. C. Malcolmson;

A.A., Women's College Hospital, Torente

Honourary President, Mrs. Bowman; Honourary Vice President, Miss. H. T. Mciklejohn; Presi-dent, Mrs. Florence Stacey; Rec. Secretary, Mrs. Grace Reynolds 273 Lauder Ave.; Treasurer, Miss. M. Miles. 502 Annette St.; Representative to, The Canadian Nurse, Miss. B. Newsome.

A.A., Ontario Hospital, New Toronto

Mrs. Vice-V. A.A., Ontario Piospital, New Ioronto
Hon. Presidents, Miss E. Rothery. Mrs. C.
Brock; Pres., Miss E. Moriarty; First VicePres., Miss L. Chartrand; Rec. Sec., Miss V.
Doncaster; Corr. Sec., Miss R. Osbourne, Ontario Hospital; Treas., Mrs. E. Claxton; Committee Conveners: Program, Miss M. Dickle;
Social, Misses E. Alderton, M. Knapp; Visiting
and Flower, Miss M. Jardine, Mrs. M.Robertson.

A.A., Hôtel Dieu, Windsor

Honourary President, Rev. Mother Marle de La Ferre; President, Miss A. McNuity; Vice-Pres., Miss F. Donion; Secretary, Miss F. Pa-rent, Tecumsch Blvd., Sandwich W., R.R.L; Treasurer. Miss L. Arseneault; Committee Con-ceners: Misses M. Fenner, H. Cox, B. Buglet; Representative to The Canadian Nurse, Miss M. R. Perrin.

A.A., General Hospital, Woodstock

Hon. Pres., Miss H. Potts; Pres., Miss D. Walz: First Vice-Pres., Miss E. Phelps; Sec., Miss E. Watson; Assist. Sec., Miss O. Jefferson; Treas., Miss E. Eby; Assist. Treas., Miss N. Smith; Corr. Sec., Miss M. Parker, 241 Riddell St., Woodstock; Press Representative, Miss D. Cox; Committee Conveners: Social, Miss R. Wright; Programme, Miss M. Costello; Flower & Gift, Miss F. Blyth.

QUEBEC

A.A., Children's Memorial Hospital, Montreal

Hon. Presidents, Misses A. S. Kinder, E. Alexander; Pres., Miss J. E. Cochrane; Vice-Pres., Miss E. Fraser; Sec., Miss M. MacNaught, Children's Memorial Hospital; Treas., Miss E. Richardson; Committee Conveners: Social, Miss M. Robinson; Visiting, Miss E. Wilsey; Representatives to: Private Duty Section, Miss A. J. O'Dell; The Canadian Nurse, Miss H. Nuttall.

A.A., Homoeopathic Hospital, Montreal

Hon. Pres., Miss V. Graham; Pres., Miss V. Fairbairn; First Vice-Pres., Miss M. Bright; Sec. Vice-Pres., Mrs. N. Retaillick; Sec., Miss J. Morris, 828 Desmarchals Blvd.; Treas., Mrs. Warren; Committees: Sick Benefit. Misses Miller, Shanahan, Garrick, Porteous, Mrs. Warren; Refreshments, Misses Miller, Rolland, Mrs. Johnson; Programme, Mrs. Hebb, Miss Lodge; Visiting, Misses Currie, Campbell; Reps. to: Local Council of Women, Misses Fairbairn, Collins, Nuttall; The Canadian Nurse, Miss Hayden.

A.A., Lachine General Hospital, Lachine

Honourary President, Miss M. L. Brown; President, Miss Ruby Goodfellow; Vice-President, Miss Myrtie Gleason; Secretary-Treasurer, Mrs. Byrtha Jobber, 60-51st Avenue, Dixle-Lachine; Representative to Private Duty Section, Miss B. Lapierre; Executive Committee: Mrs. Gaw, Mrs. Barlow, Miss Dewar,

L'Association des Gardes-Malades Diplômées, Hôpital Notre-Dame, Montréal

Pres., Miss Eva Merezzi; First Vice-Pres., Miss Cécile Lamarche; Sec., Vice-Pres., Miss Marie-Anna Beaumont; Sec., Miss Marcienne

Bazin; Corr. Sec., Miss Odette Whissell, 2205 Malsonneuve St.; Assoc. Sec., Miss Pauline Sauriol; Treas., Miss Lucienne Courtemanche; Counctiors: Misses Antoinette Denoncourt, Marcelle Gagnon, Gilberte Roy.

A.A., Montreal General Hospital, Montreal

Hon. Presidents, Miss J. Webster, O.B.E., Miss N. Tedford, Miss F. E. Strumm; Hon. Treasurer, Miss H. Dunlop; President, Miss M. S. Mathewson; First Vice-President, Miss C. L. Anderson; Second Vice-President, Miss B. Birch; Recording Secretary, Miss A. Tennant; Corresponding Secretary, Miss A. Rennedy-Reid, Nursea' Home, Montreal General Hospital; Treasurer, Miss I. Davies; Committees: Executive: Misses M. B. Holt, E. F. Upton, I. Welling, A. Peverley, B. Smith; Programme: Misses M. Baston, A. Tennant, C. Angus; Refreshments: Miss M. Fairweather (convener), Misses M. Bunbury, H. Legere, Cluff, F. Miller; Sick Visiting; Misses F. E. Strumm, C. MacDonald, M. Ross; Representatives: to Private Duty Section, Misses M. Long, M. Burrows, A. Reld; to Local Council of Women, Misses G. H. Colley, M. Stevens; to The Canadian Nurse, Miss C. M. Watling.

A.A., Royal Victoria Hospital, Montreal

President, Miss E. C. Flanagan; First Vice-President, Miss E. Reid; Second Vice-President, Mrs. R. A. Taylor; Recording Secretary, Miss Janet MacKay; Secretary-Treasurer, Miss Grace Moffatt, Royal Victoria Hospital; Board of Directors: Miss M. Etter, Miss F. Munroe, Miss W. Bryce, Mrs. Paice, Mrs. A. F. Robertson, Mrs. Sewell; Committee Conveners: Finance, Miss B. Campbell; Programme, Miss R. Fellowes; Refreshments, Miss Vanderwater; Visiting, Miss G. R. Martin: Current Events, Mrs. J. R. Taylor, Miss E. McLennan; Representatives to: Private Duty Section, Miss Palliser; Local Council of Women, Mrs. R. V. Ward, Mrs. G. T. Porter; The Canadian Nurse, Miss Grace Martin.

A.A., St. Mary's Hospital, Montreal

Hon. Pres., Rev Sr. Rozon; Pres., Miss E. McGovern; Vice-Pres., Miss E. O'Hare; Sec., Miss I. Goring; Corr. Sec., Miss J. Rich, St. Mary's Hospital; Treas, Miss G. McLellan; Committee Conveners: Entertainment, Misses T. De-Wit, M. E. McDonald, A. Marwan, P. McKenna; Press, Misses E. Lessard, M. Goodman; Visiting, Misses E. Quinn, E. Doyle, P. Kane; Private Duty, Misses A. Wall, P. McKenna; The Canadian Nurse, Miss M. Morris.

A.A., School for Graduate Nurses, McGill University, Montreal

Pres., Miss Inez Welling: Vice-Pres., Miss A. Tennant; Sec.-Treas., Miss E. Allder, Royal Victoria Hospital; Conveners: Flora M. Shaw Memorial Fund, Mrs. L. H. Fisher; Program, Miss C. Campbell; Representatives to: Local Council of Women, Miss M. Fox, Mrs. J. T. Allen: The Canadian Nurse, Misses F. Lamont, C. Anderson, L. Reich, E. Grindley.

A.A., Woman's General Hospital, Westmount

Hon. Presidents, Misses Trench, Pearson; Pres., Miss C. Martin; First Vice-Pres., Mrs. Tellier; Sec. Vice-Pres., Mrs. Crewe; Corr. Sec., Mrs. Davis, 3846 Waverley St.; Rec. Sec., Miss Van-

Buskirk; Treas., Miss Francis; Committees: Visiting, Mmes Paterson, Chisholm; Social, Misses Burgher, Linton; Rep. to The Canadian Nurse, Miss Francis.

A.A., Jeffery Hale's Hospital, Quebec

Pres., Mrs. A. W. G. Macalister: First Vice-Pres., Miss R. Christie; Sec. Vice-Pres., Miss E. Jack; Sec., Miss M. G. Fischer, 205 Grand Albee; Treas., Mrs. W. D. Fleming; Consuctions: Misses MacKay, Savard, Ingraham, Matthews. Mrs. Young; Committees: Visiting, Mines Buttimore, Raphael, Grey, Miss Douglas; Refreshment, Misses Chase, Burgess, Andrews. Davis: Programme, Misses Ascah, E. Jack, Eager, Christie; Representatives to: Private Duty Section, Misses E. Walsh, B. Adams; The Canadian Nurse, Miss G. Weary.

A.A., Sherbrooke Hospital, Sherbrooke

Hon. Pres., Miss V. Beane; Pres., Mrs. N. Skinner; First Vice-Pres., Mrs. F. Steigmeir; Sec. Vice-Pres., Mrs. G. Sangster; Rec. Sec., Miss. R. Arguin; Corr. Sec., Miss. R. Forward, 51 Melbourne St.; Treas., Mrs. H. Grundy; Convener, Entertainment Committee, Mrs. H. MacCallum; Reps. to: Private Duty Section, Miss P. Gough; The Canadian Nurse, Mrs. G. Burt.

SASKATCHEWAN

A.A., Grey Nuns Hospital, Regina

Hon. Pres., Rev. Sr. Tougas; Pres., Miss K. Haverstock; Vice-Pres., Miss C. Dionne; Sec. Vice-Pres., Miss C. Dionne; Sec. Vice-Pres., Miss B. Bourget, Grey Nuns Hospital; Councillors: Mmes Peel. A. Counter, Miss D. Grad; Committee Conveners: Membership, Miss H. Kleckner; Fisting, Miss B. McDougall; Social, Misses H. Lefebyre, F. Walliser, I. McCormick, M. Deemelle; Rep. to: Local Council of Women, Miss Haverstock.

A.A., Regina General Hospital, Regina

Hon. Pres., Mrs. L. Robinson; Pres., Miss B. Rothwell; First Vice-Pres., Miss D. Lewis; Sec. Vice-Pres., Miss A. Donnelly; Sec., Miss M. Beacock, 1225 King St.; Treas., Miss A. Palmquist; Committee Conveners: Press, Miss P. Robbins; Visiting, Miss D. Westhaver: Refreshments, Misses M. Cowan, B. Langstaff; Entertainment, Misses Thompson, Glew, Sunderland, Rogers.

A.A., Saskatoon City Hospital, Saskatoon

Hon. Pres., Miss E. Amas; Pres., Miss M. Chlsholm; First Vice-Pres., Miss A. Ormson; Sec. Vice-Pres., Miss J. Piggott; Sec., Miss E. Polowy; Corr. Sec., Miss R. Ashley, 306 Saskatchewan Cres. W.: Trens., Miss D. Duff; Committee Conveners; Ways & Means, Mrs. G. Gibson; Social, Miss I. Rooke; Press. Miss J. Brown; Visiting & Flouers, Miss C. Adams; Red. Cross, Mrs. H. Surarman.

A.A., Yorkton Queen Victoria Hospital, Yorkton

Honourary President, Mrs. L. V. Barnes; President, Miss L. Wotherspoon; Vice-President, Miss R. Katelnikoff; Secretary, Miss S. Anderson, Nurses Residence. Yorkton Queen Victoria Hospital; Treasurer, Miss D. Lockhart; Councillors: Miss V. Widdlcombe, Miss J. Norman, Mrs. T. Stewart.

Associations of Graduate Nurses

Overseas Nursing Sisters Association of Canada

Hon. Presidents Miss M. Macdonald, R.R.C. Matron-in-Chief, Miss E. Rayside, R.R.C., Mrs. Stuart Ramsey; President, Mrs. H. C. Ironside, 2408 5th St. W., Calgary; First Vice-President, Miss L. M. Hubley, R.R.C., Halifax; Second Vice-President, Miss B. Anderson, Ottawa; Secretary-Treasurer, Mrs. Arthur W. Crummy, 1782-7th St. W., Calgary, Alta.

ALBERTA

Calgary District, No. 3, Alberta Association of Register d Nurses

Chairman, Miss Rae Chittick, Provincial Normal School; Vice-Chairman, Miss Mabel McLeod, Western Hospital; Secretary, Mrs. Margaret Blunden, V.O.N., 206 I.O.O.F. Bldg.; Treasurer, Miss Mary Watt, City Health Dept.; Executive Committee: Miss J. A. Connol, General Hospital; Miss D. Cannon, General Hospital; Miss A. V. Dick, City Health Dept.

Medicine Hat District, No. 4, Alberta Association of Registered Nurses

Chairman, Miss A. E. Pederson, Medicine Hat General Hospital; Vice-Chairman, Miss M. E. Hagerman, Y. W. C. A.; Secretary-Treasurer, Miss V. A. Clegg. Medicine Hat General Hospital.

Edmonton District, No. 7, Alberta Association of Registered Nurses

Chairman, Miss Agnes Macleod, 10118-125 St.; Chairman, Miss Agnes Macleod, 10118-125 St.; First Vice-Chairman, Miss M. McCulla; Sec. Vice-Chairman, Rev. Sr. Cecelia Claremont; Sec., Miss C. Clibborn, University of Alberta Hospital; Treas., Mrs. J. Chorley; Executive Committee; Misses M. Staley, M. Fraser, E. Perkins; Arrangements Committee, Miss L. Eliarson; Rep. to The Canadian Nurse, Miss V. Chapman.

BRITISH COLUMBIA

Kamloops Graduate Nurses Association

Pres., Miss S. Babin; Vice-Pres., Mrs. H. Stalker; Sec., Miss M. Ker, Tranquille, B.C.; Treas., Miss G. Young; Committee Conveners: Programme and Social, Miss K. Bingham, Mrs. M. Fraser, Misses J. McLelland, B. McPharson; Ways & Means, Mmes E. Selkirk, S. Dalgieish, Miss E. Walker; Membership, Mmes R. Coswell, L. Pigeau, Misses K. Doumont, I. Brooke; The Canadian Nurse, Misses M. Williams, J. Norquay.

Nelson Registered Nurses Association

Hon. Pres., Miss V. B. Bidt; Pres., Miss H. Tompkins; First Vice-Pres., Miss J. Ulfsten; Sec. Vice-Pres., Miss J. Ulfsten; Sec. Vice-Pres., Miss B. Laing, Kootenay Lake General Hospital; Treas., Miss E. Smith; Committee Conveners: Private Duty, Miss K. Scott: Membership, Miss E. Smith: Ways & Means, Miss A. McKinnon; Social, Miss A. Richardson; Programme, Miss M. Patterson: Visiting, Miss G. Abbott; Correspondent to The Canadian Nurse, Miss V. Eldt.

New Westminster Graduate Nurses Association

Hon. President, Miss E. Clark; President, Mrs. M. Purvis; Vice-President, Miss E. Wrightman; Secretary, Miss M. Lemon, 1705 Britton St.; Treasurer, Miss M. C. McDonald; Committee Conveners: Ways and Means, Misses I. Garrick, V. Hill, Mrs. G. Robson; Representative to The Canadian Nurse, Miss D. E. Lovering

Trail-Rossland Graduate Nurses Association

Hon. Pres., Miss L. Humber: Pres., Miss M. Fletcher; First Vice-Pres., Miss A. Ramsey; Sec., Miss S. Urquhart, Trail Nurses' Home; Treas., Miss E. Darr; Committee Conveners: Private Duty, Mrs. S. Gavrilik; Ways & Means, Miss J. Brown, Mrs. M. Melville; Red Cross, Mrs. C. Wright, Mrs. A. M. Chesser; Correspondent to The Canadian Nurse, Miss S. Urquhart.

Vancouver Graduate Nurses Association

Vancouver Graduate Nurses Association
President, Miss Mabel F. Gray; First VicePresident, Rev. Sr. Mary Columkille; Second
Vice-President, Miss E. Toynbee; Secretary,
Miss J. McTavish, Vancouver General Hospital;
Treasurer, Miss G. Yeats; Registrar. Miss L.
Archibald; Councillors: Misses S. L. Dodds, E.
Lee, A. McLellan, M. Motherwell, J. Jamieson;
Committee Conveners: Ways & Means, Miss I.
Teulon; Programme, Miss E. Richmond; Social,
Miss F. McQuarrie; Directory, Miss M. F. Gray;
Pisiting, Miss E. M. Gow; Membership, Miss
M. Black; Local Council of Women, Miss M.
Campbell; The Canadian Nurse, Miss H. Bartsch;
Press, Miss Darvie. Press, Miss Darvie.

Victoria Graduate Nurses Association

President, Mrs. J. Bothwell; First Vice-President, Miss D. Riches; Sec. Vice-Pres., Miss D. Hibberson; Rec. Secretary, Miss S. Porritt; Corr. Secretary, Miss J. Engelhardt, 924 McClure St.; Treas., Miss I. Black; Councillors: Misses H. Latornell, M. Dickson, A. Creasor, R. Kirkendale, G. Curry.

MANITOBA

Brandon Graduate Nurses Association

Hon. Pres., Miss E. Birtles, O.B.E.; Hon. Vice-Pres., Mrs. Shillinglaw; Pres., Mrs. D. L. Johnson; Vice-Pres., Mrs. J. Sills; Sec., Miss A. Creighton, 411 Lorne Ave.; Treas., Miss W. Mitchell; Registrar, Miss C. Macleod; Committee Conveners: Social & Program, Miss V. Vance; Press, Miss M. Morton; Welfare, Mrs. S. Perdue; Rep. to The Canadian Nurse, Miss M. Parrett.

QUEBEC

Montreal Graduate Nurses Association

President, Miss Edythe Ward; First Vice-President, Miss Agnes Jamieson; Second Vice-President, Miss E. Ponting; Secretary-Treasurer, Miss Grace S. Carter. 1230 Bishop Street. Re-gular Meeting held on second Tuesday of Ja-nuary, first Tuesday of April, October and De-cember: Nursing Registry, 1284 Bishop Street; Registrars: Miss E. Gruer, Miss F. Thomson, Miss G. Carter.



BABY FOODS

REQUIRE LESS ENERGY FOR DIGESTION

Babies expend less energy in digesting Libby's HOMOGENIZED Vegetables and Fruits than they do'in the digestion of foods prepared by any other method, clinical tests and laboratory anelvaes show. Because the infant's digestive system requires food that can be digested with a minimum of effort, these findings indicate that in developing the HOMOGENIZATION actts d, Libby has made a valuable contribution 'o pediatrics.

Libby's blended FiOMOGENIZED combinations of Vegetables or Fruits also enable babies to have in their diets a variety of elements such as protein, cerbohydrates, minerals and vitamins.

Authoritative reports state that babies as young as six weeks have successfully digested HOMO-GENIZED Vegetables and Fruits fed under medical supervision. The result of this report has been that man; doctors are now recommending a regular solid food supplement to babies' milk diets as protection against nutritional anemia.

These advancements in infant feeding are made possible by Libby's exclusive process of HOMO-GENIZATION. Libby's first strain vegetables and



fruits, and then specially HOMOGENIZE them. Coarse fibres left after straining are subdivided into tiny particles less likely to cause digestive upsets. Food cell walls are split apart and enclosed nutriment is distributed throughout the product, exposing a large surface area to babies' digestive enzymes. The result is that digestion of HOMC-GENIZED Vegetables and Fruits is easier, faster than that of home or commercially strained foods.

FREE SAMPLES

Libby's are always glad to send generous samples, without charge, to members of the medical profession, on written request.

10 BALANCED BABY FOOD COMBINATIONS:

These combinations of Homogenized Vegetables, cereal, soup and fruits make it easy for the Doctor to prescribe a variety of solid foods for infants:

Peas, beets, asparagus — supplements milk diet with additional iron and Vitamin C.

2 Pumpkin, tomatoes, green beans. A source of Vitamin A, and adds iron.

3 Peas, carrots, spinach a blend of nutritional essentials providing Vitamin A and Isum.

A Cereal — evaporated milk,
whole wheat,
mya flour
cooked in nilk, this
cereal supplies a
generacs amount of
calcium and phosphorus — high in
energy value.

5 Prunes, pineapple juice, lemon juice — aids in promoting normal elimination.

Soup — vegetables ables, chicken livers, barley, with tomatoes, carrots, celery, and a trace of fresh onion for flavour. Important source of Vitamin A and for anti-anemic factors.

Meatless soup

vegetables,
soya and barley
flour. The soya
flour is an excellent source of protein.

Bananas, a pples, apricots—
supplies easily
digested carbohydrates, with an
exceptional appetite
appeal.

9 Peas, spinach, an "all groen" combination.

10 Tomatoes, carrots, peas delicious combination of de-

And In Addition, Three Single Vegetable Products Specially Homogenized

CARROTS - PEAS - SPINACH

Made in Canada by

LIBBY, MCNEILL & LIBBY OF CANADA, LIMITED, Chatham, Ont.

"CAL-D-C"

C.T. No. 320 "Fross!"

for

PERFECT TOOTH STRUCTURE

Calcium phosphate (tribasic) 7½ grs.
"Ostogen" (Vitamin D) 1000 Int. Units.
Cevitamic Acid (Vitamin C) 200 Int. Units.

DOSE: TWO TABLETS DAILY

Bottles of 100 tablets

YOUR DRUGGIST HAS THEM IN STOCK

VITAMIN D, CALCIUM AND PHOSPHORUS

Protect the hard tissues of the teeth

VITAMIN C

maintains a healthy state in the cementing tissues

We will be pleased to send you complete literature on request

Charles E. Frosst & Co.

A Canadian Organization Manufacturing Fine Pharmaceuticals since 1899

MONTREAL

CANADA



MUM

Takes the Odor Out of Stale Perspiration.

- Does Not Interfere with Normal Sweat Gland Activity

2 Big Tips—MUM on sanitary pads says sh-sh-sh-sh. Applied to hot, perspiring feet, MUM cools, soothes and deodorizes.

A Boxful of Freshness

A dab of soothing MUM, applied to underarms and other skin areas, helps maintain personal freshness by overcoming stale perspiration odors. Quick, nonirritant; does not stain clothing or bed linens.

Personal "air-conditioning" as herein used applies to the removal of stale perspiration body odors which occasionally permeate an office or room,

BRISTOL-MYERS COMPANY, 1241-00 RUE BENOIT, MONTREAL, CANADA AUGUST, 1940

McGILL UNIVERSITY

School for Graduate Nurses

The following one-year certificate courses are offered to graduate nurses:

TEACHING AND SUPERVISION IN SCHOOLS OF NURSING

PUBLIC HEALTH NURSING

ADMINISTRATION IN HOSPITALS AND SCHOOLS OF NURSING

ADMINISTRATION AND SUPERVISION IN PUBLIC HEALTH NURSING

For information apply to:

School for Graduate Nurses McGill University, Montreal.

UNIVERSITY OF WESTERN ONTARIO

Division of Study for GRADUATE NURSES

COURSES OFFERED

A five-year course leading to the degree of Bachelor of Science in Nursing.

Courses, covering one academic year, and leading to Certificates in Public Health Nursing, Hospital Administration, Instructor in Schools of Nursing.

For information apply to:

CHIEF:

Division of Study for Graduate Nurses

FACULTY AND INSTITUTE OF PUBLIC HEALTH LONDON, CANADA

ROYAL VICTORIA MONTREAL MATERNITY HOSPITAL

POSTGRADUATE COURSES

are offered in

- (a) Obstetrical Nursing: 3 months
- (b) Gynaecological Nursing: 2 months

Students may enroll for either course singly, or for both courses to be taken consecutively.

Each student will be granted a certificate upon the successful completion of a course.

Full maintenance and an allowance are provided.

For further particulars write to:

Miss C. V. Barrett, R.N. Supervisor,

ROYAL VICTORIA MONTREAL MATERNITY HOSPITAL

Montreal, Canada

CHILDREN'S MEMORIAL HOSPITAL

Montreal, Canada

POST-GRADUATE COURSE IN PAEDIATRIC NURSING

A six-months course is offered to Graduate Nurses which includes theoretical instruction, organized clinical teaching and experience in the following services:

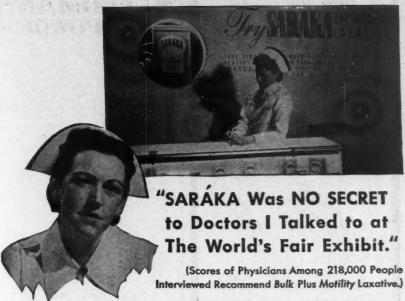
MEDICAL, SURGICAL, ORTHOPAEDIC, INFANT, OUT-PATIENT.

A special Study of the Normal and Convalescent Child.

A certificate will be granted upon the successful completion of the course. Classes admitted in the Spring and Fall. Full maintenance will be provided. No extra remuneration.

For further particulars apply to:

Director of Nursing Children's Memorial Hospital Montreal.



"Speaking as one nurse to another, I certainly was pleased to learn of the high opinion so many doctors have of Saráka, the laxative of my own choice. Chatting with me at the New York World's Fair a number of physicians said they considered Saráka their Number One Laxative -

in the treatment of habitual constipation."

Yes, doctors appreciate the bland smoothly-gliding bulk (often lacking in the average daily diet) provided by Saráka. They like the way Saráka "exercises" lazy intestinal muscles to help reestablish natural peristaltic motility and rhythm. No griping, straining, digestive upsets or annoying leakage.

Saráka* can be used safely in all cases of chronic constipation — in elderly persons, invalids, during pregnancy and lactation. It consists of pure bassorit granules to which specially-prepared frangula is added.

SCHERING (CANADA) LIMITED P. O. Box 358 (Place d'Armes) Montreal, P.Q.

Copyright 1940 Schering (Can.) Ltd. Reg. Can. and U.S. Pat. Off.

Send a FREE to	ial supply of SARAKA to—
NAME	
STREET AND	NUMBER
CITY	PPOV

New under-arm Cream Deodorant safely Stops Perspiration



- Does not harm dresses does not irritate skin.
- 2. No waiting to dry. Can be used right after shaving.
- Instantly stops perspiration for 1 to 3 days. Removes odor from perspiration.
- 4. A pure white, greaseless, stainless vanishing cream.
- Arrid has been awarded the Approval Seal of the American Institute of Laundering, for being harmless to fabrics.



25 MILLION jars of Arrid have been sold . . . Try a jar today — at any store which sells toilet goods.

ARRID

39 a jar

AT ALL STORES WHICH SELL TOILET GOODS (Also in 15 cent and 59 cent jars)

Experienced Nurses Know

STEEDMAN'S From Posithing to Jeons POWDERS

They know this safe and gentle aperient is ideal for infants and children to relieve constipation, colic and feverishness and keep the little system regular. Steedman's Powders can be used with perfect confidence. Our "Hints to Mothers" booklet deals sensibly with baby's little alimentsfor copies and samples of Steedman's Powders write: JOHN STEEDMAN & CO., Dept. 10, 442 St. Gabriel St., MONTREAL

EXAMINATIONS FOR REGISTRATION OF NURSES IN NOVA SCOTIA

To take place on October 16, 17, and 18, 1940, at Halifax, Yarmouth, Amherst, Sydney, and New Glasgow. Requests for application forms should be made at once, and forms MUST BE returned by September 16, 1940, together with fee of Ten Dollars, Diploma of School of Nursing, Birth Certificate, and High School Pass Certificate, we write unless she

No undergraduate may write unless she has passed successfully all final School of Nursing examinations, and is within six weeks of completion of her course.

JEAN C. DUNNING, R.N., Acting-Registrar, The Registered Nurses Association of Nova Scotia 413 Dennis Building, Halifax, N.S.

THE CENTRAL REGISTRY OF GRADUATE NURSES, TORONTO

Furnish Nurses at any hour DAY or NIGHT TELEPHONE Kingsdale 2136

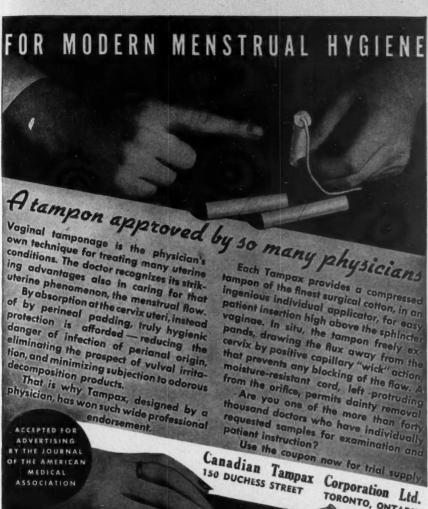
Physicians' and Surgeons' B'd~.. 86 Bloor Street, West, TORONTO HELEN CARRUTHERS, Reg. N.

The American Hospital Bureau

1825 Empire State Building New York City

Offers to Hospitals in Canada and the United States a professional placement service for Hospital and Nursing School Administrators, Instructors, Stone shorts, Anaesthetists, Dietitians, Technicians, and General Duty Nurses. All credentials personally verified.

C. M. Powell, R. N. Director



MEDICAL ASSOCIATION

TORONTO, ONTARIO

DESIGNED FOR TRULY HYGIENIC PROTECTION

CANADIAN TAMPAX CORPORATION LTD., Dept. 47, 150 Duchess St., Toronto, Ont.

Please send me a professional supply of Tampax.

City Province

AUGUST, 1940